

**Relationship between Harmful Alcohol Use and Low Self-esteem among Emerging
Adults Employees in Kathonzweni Location, Makueni County**

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of the Requirements for the Degree of Master of Arts
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Declaration

I, the undersigned, declare that this thesis is a product of my own work and has not been previously presented to any other University in any form for a degree or otherwise. Where work of other scholars has been used, it has been duly acknowledged.

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Dedication Statement

This thesis is dedicated to all emerging adults, parents, leaders, policy makers of Makueni County and researchers (academicians) who have interest in addressing harmful alcohol use to reduce low self-esteem among emerging adults.

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TABLE OF CONTENTS

Dedication Statement	i
Acknowledgement	iv
List of Tables	viii
Abbreviations or Acronyms	x
Abstract	xii
Definition of Operational Terms.....	xiii
CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY	1
1.0 introduction	1
1.1 Background to the Study.....	1
1.1.1 Alcohol Use	1
1.1.2 Self-Esteem	3
1.1.3 Low Self-Esteem.....	3
1.1.4 Alcohol versus Self-esteem.....	4
1.1.5 Harmful Alcohol Use	5
1.1.6 Emerging Adults	6
1.2 Statement of the Problem.....	6
1.1.3 Objectives of the Study	7
1.4.1 General Objective	7
1.4.2 Specific Objectives	7
1.4.3 Research Questions	8
1.4.4 Hypotheses.....	8
1.1.5 Significance of the Study	8
1.1.6 Scope of the Study	9
1.1.7 Limitations and Delimitations.....	9
CHAPTER TWO: LITERATURE REVIEW.....	10
2.1 Introduction.....	10
2.2 Theoretical Framework	10
2.3 Conceptual Framework	12
2.4 Social Demographic Factors Associated with Harmful Alcohol Use.....	13
2.5 Prevalence of Alcohol Use amongst Emerging Adults.....	17
2.6 Low Self-Esteem among Emerging Adults	19
2.7 Relationship between HAU and LSE among Emerging Adults	22
CHAPTER THREE: RESEARCH METHODOLOGY	25

3.0 Introduction.....	25
3.1 Research Design.....	25
3.2 Location of the Study.....	25
3.4 Target Population.....	26
3.5 Sampling technique and sample size	27
3.5.1 Sampling Frame	27
3.5.2 Sampling Techniques.....	27
3.5.3 Sample Size.....	28
3.6 Pretesting of Tools	29
3.7 Research Instruments	30
3.7.1 Social Demographic Questionnaire	30
3.7.2 Rosenberg Self -Esteem Scale	30
3.7.3 WHO ASSIST V3.0.....	32
3.8 Data Collection Technique.....	33
3.9 Data Management	34
3.10 Analysis.....	35
3.11 Ethical Considerations	36
CHAPTER FOUR: RESULTS AND DISCUSSION	38
4.1 Introduction.....	38
4.2 Social Demographic Features of the Respondents.....	38
4.2.1 Demographic Profiles Associated with Harmful Alcohol Use	40
4.2.2 Demographics Profiles on LSE.....	42
4.2.3: Influence of Demographic Variables on Relationship between HAU and LSE	44
4.3 Prevalence of Harmful Alcohol Use	45
4.4 Prevalence of LSE among Emerging Adults	45
Table4.6: Prevalence of Low Self-Esteem.....	46
4.5 Relationship between HAU and LSE among Emerging Adults	46
4.6: Discussions	47
4.6.1 Demographic Profiles Associated with Harmful Alcohol Use	47
4.6.2 Prevalence of Harmful Alcohol Use among Emerging Adults	48
4.6.3 Prevalence of Low Self-Esteem among Emerging Adults.....	49
4.6.4 Relationship between Harmful Alcohol Use and Low Self-Esteem.....	49
CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS....	51
5.1 Introduction.....	51

5.2: Summary of Findings.....	51
5.3 Conclusion	52
5.4 Recommendations.....	52
5.4.1: Policy Recommendations.....	53
5.4.2 Recommendations for Further Research.....	53
REFERENCES.....	55
APPENDICES	66
Appendix A: Social Demographic Profile of Emerging Adults	66
Appendix B: Rosenberg self-esteem scale was developed by Morris Rosenberg in 1965	68
Appendix C: WHO - ASSIST V3.0, WHO, 2008	69
Appendix D: Participants’ Informed Consent Form.....	70
Appendix E: Tangaza University Authorization Letter.....	71
Appendix F: National commission for Science Technology and Innovation	72
Appendix G: NACOSTI Permit.....	73
Appendix H: Makueni County commission’s Permit.....	74
Appendix I: Makueni County Education Permission	75
Appendix J: Kathonzwi Location Education Permission Letter	76
Appendix K: Plagiarism Report.....	77

List of Tables

Table 4.1: Social Demographic Profile of Emerging Adults	39
Table 4.2: Descriptive Analysis and One-way ANOVA showing the Influence of Demographic Profiles on HAU.....	40
Table 4.3: Descriptive Analysis and One-way ANOVA showing the Influence of Demographic Profiles on Self-Esteem.....	42
Table 4.4: Linear Regression and Factorial ANOVA (parameter estimates) showing the Influence of Demographic Variables on Relationship between HAU and LSE.....	43
Table 4.5: Prevalence of Alcohol Use.....	44
Table 4.6: Prevalence of Low Self-Esteem.....	45
Table 4.7: Pearson's Association of Harmful Alcohol Use and Low Self-Esteem.....	45

List of Figures

Figure 1: Interactions of Independent and Dependant Variables.....	12
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Abbreviations or Acronyms

ACP:	American Academy of paediatrics
AIDs:	Acquired Immune Deficiency syndrome
APA:	American Psychiatric Association
HAU:	Harmful Alcohol Use
DC:	District Commissioner
DSM-5:	Diagnostic Statistical Manual 5
HIV:	Human Immunodeficiency Virus
KNBS:	Kenya National Bureau of Statistics
KNH:	Kenyatta National Hospital
LSE:	Low Self-Esteem
MCADCA:	Makueni County Alcoholic Drink Control Act
MCIDP:	Makueni County first integrated development Plan
MOE:	Ministry of Education
n.d:	No date
NACADA:	National Campaign against Alcohol and Drug Abuse
NACOSTI:	National commission of science and technology innovation
OP:	Office of the President
PBT:	Problem behaviour theory

r: Sign of Pearson's statistics

RSES: Rosenberg Self Esteem Scale

SAMHSA: Substance Abuse and Mental Health Service Administration

SPSS: Statistical Package for Social Sciences

TUC: Tangaza University College

USA: United States of America

WESO: World Employment and Social Outlook

WHO: World Health Organization

WHO-ASSIST V3.0: World Health Organization, Alcohol and Smoking Substance
Involvement Screening Test Version three

Abstract

Although Harmful Alcohol Use (HAU) exposes emerging adults to psychological challenges like low self-esteem (LSE), limited studies have been done in Kenya to explore the association between HAU and low LSE in Kathonzweni, Makueni County. The main objective was to explore the association between harmful alcohol use and LSE, with specific objectives being: to determine demographics features related to harmful alcohol use, prevalence of harmful alcohol use and low self-esteem among emerging adults. The study used cross-sectional research design which measure sample features once. Study sites were identified schools in Kathonzweni Location, Makueni County. The schools were purposely chosen. Selection of 199 respondents aged 19 to 29 years was done using convenient sampling which chose participants who were accessible. Statistical package for social sciences was used to analyse the collected data and presented in summary tables. Pearson's (r) coefficient was used to test association of harmful alcohol use and low self-esteem among the emerging adults. Data analysis involved descriptive and inferential statistics to show general view of Kathonzweni Location, Makueni County emerging adults. Description was done to establish demographics associated with harmful alcohol use, the prevalence of alcohol use was (3.5%) while that of low self-esteem was (32.2%). The study found that there is an association between harmful alcohol use and low self-esteem ($p=0.02$). Demographic variables associated with HAU and LSE were: age of 19-24years ($p=0.05$), male gender ($P=0.01$), married people ($P=0.03$), family socialization ($p=0.01$), time spend in social media between 6-12 hours ($p=0.02$), economic status below ten thousand per month ($p=0.01$) and age of alcohol first use ($p=0.00$). Therefore, Kathonzweni counsellors together with community leaders and policy makers need to plan guidelines to help emerging adults manage HAU and improve LSE.

Definition of Operational Terms

Emerging adults: Emerging adults are; young people, female and male from aged 19 to 29 inclusive.

Harmful alcohol use: The study will use Harmful Alcohol use to mean: continuous, excessive use of alcohol which leads to alcohol dependence and possible Alcohol Use Disorder.

Low self-esteem: Self-esteem will be used interchangeably with self-confidence and personal well-being.

CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 introduction

Chapter one gives the background to the study, the problem statement, study objectives, and questions of the investigation. The chapter also, covered study hypothesis, scope and the set limits.

1.1 Background to the Study

Traditionally, young adulthood stage (18- 35years) according to development theories is currently referred to as emerging adulthood (ages 18-29) in industrialised and developing countries because of psychosocial difficulties navigated during this transition stage (Lane, 2015). The researcher observed from parental, counselling experience and security reinforcement perspectives that emerging adults are faced with various psychosocial challenges which compromise their rite of passage wellbeing.

1.1.1 Alcohol Use

Alcohol use is global and social risk due to high diseases (4%), death (2.5 million) and social harm (Changalucha, Francis, Grosskurth, Kapiga, & Weiss, 2014; Reda, Moges, Biadgilign, & Wondmagegn, 2012). Alcohol is the most abused among all substance of dependence in United States of America (USA). In USA, of all alcohol abusers, 30% are college students among which 20 % are emerging adults (Jensen, 2011).

Harmful alcohol use is uncontrollable disorder of continuous and excessive alcohol abuse resulting to lack of well-being (American Psychological Association [APA], 2013). Frequency of liquor drinking and complexity among emerging adults is spreading alarmingly globally than it was several decades ago (Lane, 2014). According to APA (2013) alcohol

intoxication by 2010 was over 70% among college students.

Alcohol use during emerging adulthood is common in many cultures as it appears in USA, Latin America (Jessor, 2014), Africa (Kuria & Olando, 2012), Europe (Grant, Wardle & Steptoe 2009) and Asia (Lawental, Shoham & Azaiza, 2014). The transition stage in contemporary world is characterised by individual exploration in adult roles, autonomy, affection and work assessment unlike the Latino culture (Crockett & Zamboanga, 2009). The current characteristics of emerging adults lead to conflicts between their wishes and their community wishes (Lane, 2013b; Weiss, Freund, & Wiese, 2012).

Research has shown that many emerging adults are alcohol abusers in learning institutions with public schools recording 57.7% and private 19.2% among students in Ethiopia (Reda, et al., 2012). In some Sub-Saharan countries, alcohol use in public secondary schools is 15% and in private universities is 84% (Atwoli, Mungala, Ndugu, Kinoti, & Ogot, 2011; Merrill & Carey, 2016). In South Africa out of 21.1% general public who had alcohol disorder 96.7 % were university students (Penpid, Peltzer, Heever, & Skaal, 2013). Harmful alcohol use result to low self-esteem which in turn result to diverse risks such as: addiction, poor academic performance, and unreliability, poor healthy and unsuccessful transition to adulthood (APA, 2013; Penpid et al., 2013; Sussman & Arnett, 2014) in USA as well as low self-confidence (Jensen, 2011).

Harmful alcohol use is relatively lower about 10% in rural areas of Nyanza Province compared to urban youth in Kenya (Jenkins et al., 2015). The study by Jenkins et al (2015) in western Kenya found higher harmful alcohol use in males than among females. In Kenya, study done by Hassan (2013) found that students' alcohol use in colleges range from 51.9% in Eldoret to 63.2% in Nairobi Universities. Collage trainees' alcohol drunkenness is higher than 13.4% in the general population (Hassan, 2013). Harmful alcohol use result to lack of

competence at work or academic performance, dependence and decline of a country's economy (Atwoli et al., 2011; Hassan, 2013; Jenkins et al., 2015).

Study by Atwoli et al (2011) on substance abuse in Eldoret University found alcohol use was 51.9%, cigarette use was 42.8%, cannabis (2%) and cocaine (0.6%). Of those who admitted dependant on substances 75.1% were introduced by relatives while 23.5% were introduced by none-nuclear kinsfolks (Atwoli et al., 2011). Problems associated with harmful alcohol use are diverse among which low self-esteem (McClure, Tanski, & sargent, 2010) which result into: loss and damage to property, medical problems, unemployment, unplanned and unprotected sex among others (Francis et al., 2014; McClure, Tanski, & sargent, 2010).

1.1.2 Self-Esteem

Self-esteem is individuals' self-evaluation and is important in normal life, growth and existence (Alavi, 2011; Wachira et al., 2011). Low self-esteem make individuals have unfavourable self-evaluation, do not love and accept their talents, involve in antisocial activities and rely current on their feelings (Alavi, 2011). Harmful alcohol use is learned behaviour and lack of self-esteem is one of its outcomes (Charalampous, Ford, & Skinner, 1976). Therefore, since Harmful alcohol use is very rampant among the emerging adults so as the low self-esteem. Also low self-esteem can be coursed by poor interpersonal relationship (McClure, Tanski, Gerrard, & Sargent) and developmental issues as in United States (Arnet, Zukauskiene, & Sugimura, 2014). In Kenya social conflicts and lack of awareness of self-capabilities result to low self-esteem (Macharia, Muiru, & wairimu, 2016). However, this study will be concern with low self-esteem due to harmful alcohol use.

1.1.3 Low Self-Esteem

Low self-esteem is unrealistic feeling of a person to accept one's strengths and limitations and in general failing to accept self unconditionally as worthwhile (Wachira et al.,

2011). According to Clarkson, Hirt, Jia, and Alexander (2010), low self-esteem is inability to face life challenges, solve problems, achieve personal wellbeing and give respect.

1.1.4 Alcohol versus Self-esteem

Universally, according to Akhater (2013) and Alavi (2011) studies have indicated that, the lower the low self-esteem the higher the alcohol use. Therefore, it follows that, the more an individual abuses alcohol the more that person losses one's self-confidence. Studies done by Grucsa, Norberg and Bierut (2009) in US among emerging adults aged 21-23 years found that binge alcohol drinking are mainly related to unhappy sense of worth which result to chronic problems of health problems and poor functioning. According to Jensen (2011) harmful alcohol use in United States of America during emerging adulthood among college students is accompanied by lack of self-esteem. Heavy alcohol drinking impairs mental performance and rationalises bad performance producing relaxation effects which in turn reduce anxiety and improves feelings of self-worth. Harmful alcohol use increases negative consequences of poor self-worth (Jensen, 2011). Self-esteem is very important in determining psychological wellbeing of emerging adults (Rosenberg, 1965). So, it is necessary to improve low self-esteem of emerging adults for their psychological wellbeing and functioning later in life.

Alcohol has a strong influence on one's self-esteem (self-care, socialization, confidence, creativity, and functioning). The higher the Harmful alcohol use, the lower the low self-esteem becomes (akhter, 2013; Alavi, 2011). It is on this basis that this study is to investigate: the prevalence, risks factors associated with alcohol and self-esteem among emerging adults and make recommendations from the findings in Kathonzweni location, Makueni County. In the location, the data will help the Location leaders to strategize on how

to improve emerging adults' low self-esteem by controlling harmful alcohol use and help them improve their performance and productivity in social participation. This study will fill this data paucity and highlight the association of alcohol use and low self-esteem.

1.1.5 Harmful Alcohol Use

Harmful alcohol use is a psychological condition expressed by recurrent and significant hostile consequences (APA, 2013). Harmful alcohol use is characterised by a number of mental, physical and behavioural symptoms (APA, 2013; Sussman & Arnett, 2014). It is self-administered intake of alcohol without supervision initially intended for fun and socialization (Akhter, 2013; Chesang, 2013).

Harmful Alcohol use is hypothesised to increase with personal and environmental attributes (Jensen, 2011). Risk factors among emerging adults are generally associated with harmful alcohol use and low self-esteem are: personal (Schwartz, et al., 2010), social problems, age, gender, family violence and abuse (Hassan, 2010; Laslett et al., 2015), as well as lack of parental discipline, monitoring and family cohesion (Daire, Turk, & Dominguez, 2013; Nappi, 2009; Wairimu, et al., 2016) and technology (Moren & Whitehill, 2014).

Besides physical, psychological and psychosocial problems associated with alcohol use; parents, public organization leaders and counsellors are facing challenges of understanding and helping emerging adults (Francis et al., 2014; Pengpid et al., 2013). Many community organizations, leaders, counsellors and parents are not concerned with harmful alcohol use of emerging adults. They assume, emerging adults have already achieved life skills and competence expected during this stage of adulthood transition (Lane, 2015). To be efficient in helping emerging adults in harmful alcohol use, prevalence of alcohol use, risk factors, association with harmful alcohol use and self-regard require to be established to plan interventions accordingly (Kimuge, Monicah, Boit, Othieno, & Obondo, 2016).

1.1.6 Emerging Adults

Emerging adults are contemporary generation in a period of adventurous transition from 19 to 29 years who are exploring important role and life changes in self-identity, social, residential, professional and world views with long lasting consequences (Jensen, & Arnett, 2012; Lane, 2015; Sussman & Arnett, 2014).

1.2 Statement of the Problem

Emerging adults in recent years have experienced increase in alcohol use globally (Jensen, 2011) as well as in Kenya besides efforts to control it (NACADA, 2010; NACADA, 2014) and the same problem is also being experienced in Kathonzwani. Alcohol misuse is optimum between the ages 18 to 29 (APA, 2013; Jensen, 2011) and is associated with diverse problems which could be social and psychological (Jensen, 2011). Psychological challenges faced by emerging adults include negative self-talk, depression, inappropriate coping and suicides (Jensen, 2011).

In Kenya studies indicate high alcohol abuse among emerging adults (Office of the president [OP], 2011; Okech, 2014; Mahugu, 2016; Ndeti, Khasakhal, Mutiso, Owuor, & Kokonya, 2009) which often result to low self-esteem (OP, 2011). Many Kathonzwani emerging adults in recent years have been affected by harmful alcohol use. Despite psychological and social issues associated with harmful alcohol use, there are limited studies showing relationship of alcohol abuse and low self-esteem among emerging adults creating a knowledge gap.

The researcher had observed emerging adults in Kathonzwani, who abuse alcohol have low self-esteem issues and thus became curious: if there was a link of harmful alcohol use and low self-esteem. Though there are studies in Makueni County related to harmful

alcohol use such as: media (Daily Nation, 2014), politicians (Mzalendo, 2015) and County's development planners made similar highlights to the problem (MCIDP, 2013). There is paucity of literature on relationship between harmful alcohol use and low self-esteem and therefore this study was filling this knowledge gap. The findings will guide professionals in Makueni County to help emerging adults acquire life skills and become reliable.

1.1.3 Objectives of the Study

1.4.1 General Objective

The general objective of this study was to find out if there is a relationship between harmful alcohol use and low self-esteem among emerging adults in Kathonzweni location, Makueni County

1.4.2 Specific Objectives

The following specific objectives were considered in this study:

1. To assess the demographic profiles associated with harmful alcohol use among emerging adults in Kathonzweni Location, Makueni County.
2. To establish the prevalence of harmful alcohol use among emerging adults in Kathonzweni Location, Makueni County.
3. To determine the prevalence of low self-esteem among emerging adults in Kathonzweni Location, Makueni County
4. To determine if there is a relationship between harmful alcohol use and low self-esteem among emerging adults in Kathonzweni Location, Makueni County

1.4.3 Research Questions

This study was guided by the following research questions:

1. Which were the demographic profiles associated with harmful alcohol use among emerging adults in Kathonzweni Location, Makueni County?
2. What was the prevalence of harmful alcohol use among emerging adults in Kathonzweni Location, Makueni County?
3. What was the prevalence of low self-esteem among emerging adults in Kathonzweni Location, Makueni County?
4. Was there any relationship between harmful alcohol use and low self-esteem among emerging adults in Kathonzweni Location?

1.4.4 Hypotheses

H₀. There is no statistically significant difference between harmful alcohol use and low self-esteem among emerging adults in Kathonzweni location, Makueni County.

H₁. There is statistically significant difference between harmful alcohol use and low self-esteem among emerging adults in Kathonzweni location, Makueni County.

1.1.5 Significance of the Study

The study was to provide data of demographic features associated with harmful alcohol use and low self-esteem, relationship of harmful alcohol use and low self-esteem among emerging adults in Kathonzweni Location, Makueni County. The finding will enlighten emerging adults, parents and Location leaders to plan strategies to reduce harmful alcohol use and improve low self-esteem.

1.1.6 Scope of the Study

The study investigated willing males and females post-secondary employees aged 19 to 29 years once in Kathonzweni Location, Makueni County. This age group has been chosen because research has shown that, this is a period when emerging adults face challenges in life which make them to result to alcohol use. This in turn leads to issues to do with low self-esteem.

1.1.7 Limitations and Delimitations

The study was done in one sub-location; data collected from emerging teacher employees thus limited the study on a particular economic status. This was due to time and financial resources of the scholar. The researcher used quantitative cross-sectional study which focused the respondents' use of directed questionnaires which might have limited honest and data. Since the community has low opinions on women taking alcohol, majority of women respondents might have decided to answer what is expected by the community.

Though the researcher adhered to the research ethics and academic honest, it is not easy to completely eliminate subjectivity. The researcher's objectivity on content summary and neutral statistical analysis increased neutrality of the study. A more time for the research could have been necessary to combine several methods such as: observation, qualitative and longitudinal.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Aim of literature review chapter was to explain: theoretical frame work, frame work conceptualization and the study objectives were discussed in depth.

2.2 Theoretical Framework

The study was informed by problem behaviour theory (PBT) (Campbell, Graves, Hanson & Jessor, 1968). The theory was developed to address alcohol abuse among natives of South West Colorado, in America.

The theory has been systematically developed and used across the globe since 1968. It focuses on social problems and uses concepts of personality, sociocultural and environmental structures. The theory solves social challenges like harmful alcohol use from medical and genetic status of an individual, developmental, public influence and cultural experiences. Harmful alcohol use is a social problem which undermines individual and social values and benefits. Harmful alcohol use is problematic, source of distress, undesirable and breaches social and legal acceptable norms in a given organization and calls for response, disapprove and elimination (Campbell et al., 1968). Impact of alcohol abuse on low self-esteem among emerging adults can be solved by PBT structural concepts as explained below:

Environmental system dictates beliefs, rewards and controls employed by a community towards alcohol use which influence emerging adults during their transition to young adults. Environmental factors include advertisements' inspiration lack social control, and peer encouragement in learning and public institutions. Aspects of social environment which contribute to alcohol abuse during emerging adulthood are absence of social control, social normalization and availability of alcohol. Opportunities of alcohol availability make emerging adults to engage in harmful alcohol use as a means of masking or improving their

lack of confidence. Lack of normative control structure denies emerging adults an opportunity for self-regulation in harmful alcohol use. Absence of social control structure leaves emerging adults without communal guideline on alcohol use.

Secondly, personality system depends on individual opportunities, perception and assertiveness on alcohol abuse during emerging adulthood transition. Personalities which contribute to alcohol use include: morals, expectations, beliefs and traditions social learning and transition stages. Harmful alcohol use is manifested by poor performance, lack of self-care, disinterest, negative self-talk, hostility, low self-esteem, deviance, stress, trauma and poor spirituality. Alcoholic emerging adults who lack professional and social support result to low self-esteem eventually.

Finally, Cultural system contributes to alcohol abuse by the way; it regulates and avails alcohol use to its members. Emerging adults' alcohol use problem has two perspectives individual and social. Individual is manifested by risk involvement and deviance while social is demonstrated by poor social participation and performance.

Addressing alcohol abuse from three structural systems social, environment, and personality can result to improvement of low self-esteem and well-adjusted emerging adults. Emerging adults' freedom from harmful alcohol use can lead to high self-esteem, then respect of social, authoritative norms and demonstrate high social participation and productivity.

Globally PBT has been effective in solving social behaviour problems as in America (Jessor et al., 1968; Jessor, 2014), China (Jessor, 2014) and Nairobi's informal settlements (Ndugwa et al., 2010) among others (Madkour et al., 2010). Since the theory solves various behavioural problems in diverse transition stages (Alexander, Obongo, Chavan, Weg, & Ward, 2017; Jessor & Jessor, 2017), can effectively be used to address liquor misuse during emerging adulthood transition in Kathonzwi, Makueni County

Owing to PBT effective concepts universally, it has been recommended to address effects of harmful alcohol use on low self-esteem from personal, social and environmental concepts among emerging adults in Kathonzweni location, Makueni County. However, PBT theory applications have not highlighted economic, occupation and education status of the target populations. Thus, its applications in Kathonzweni location which is in rural, to post-secondary and emerging adults' might be influenced by economic, education status and availability leisure time.

2.3 Conceptual Framework

Conceptual framework is a symbolic representation of interplay of variables' operationalization in a study (Oladipo, Ikamari, Kiplangati & Barza, 2015). Below is an interaction of alcohol use problem and low self-esteem.

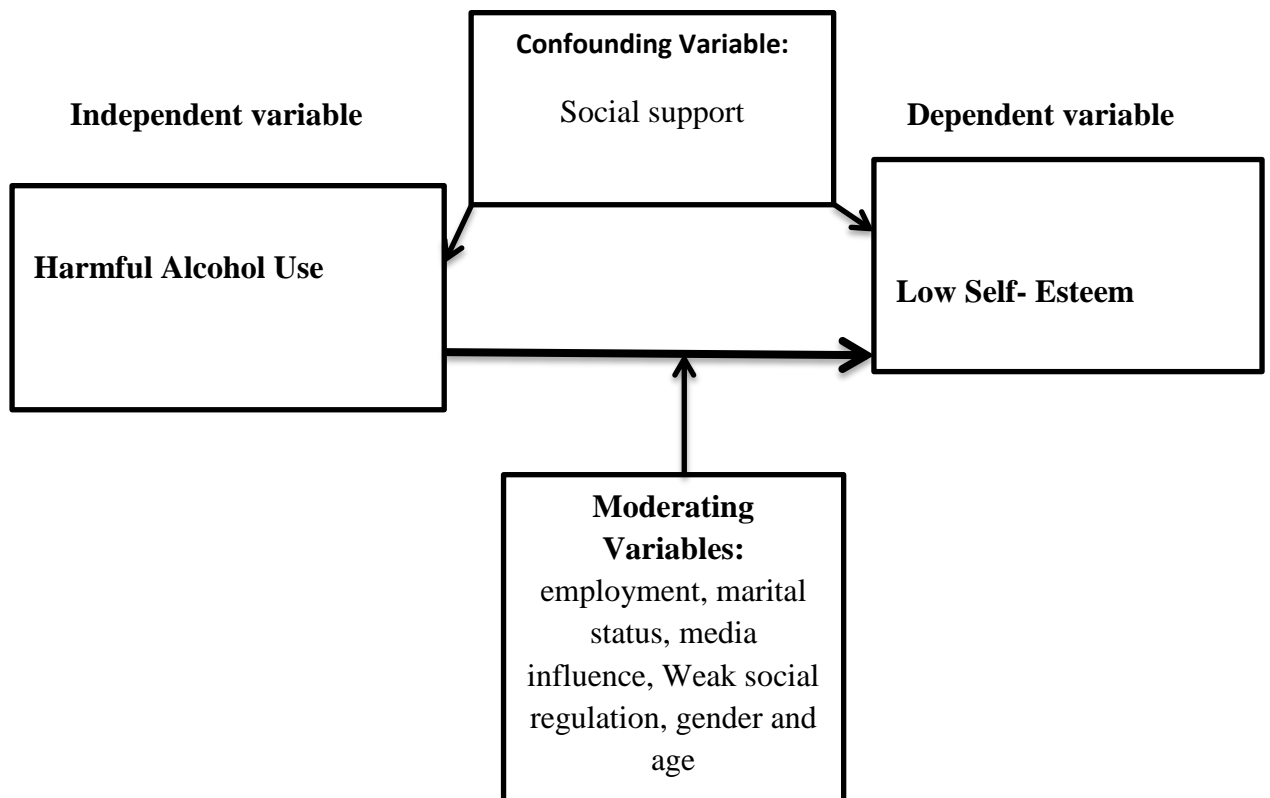


Figure 2. 1. Interactions of Independent and Dependant Variables.

In the conceptual framework illustrated in Figure 2.1, harmful alcohol use was alcohol consumption to the extent it leads dependence and failure to perform expected duties (Jessor, 2014; OP, 2011; Wachira et al., 2011; Akhter, 2013). Low self-esteem was intellectualised as low opinion of self (Atwoli, et al., 2011). In the scheme harmful alcohol use was hypothesised to have a direct effect on low self-esteem. Moderating variables were essentials which necessitates favourable environment for harmful alcohol use and they include: employment, advertisements through media, marital status, availability of alcohol and inefficient social regulations. Social support was the confounding factors which can reduce effects of both harmful alcohol abuse and low self-esteem amongst emerging adults.

2.4 Social Demographic Factors Associated with Harmful Alcohol Use

Social demographic factors and background information about an individual or population, which include: age, gender, profession and status in: education, marriage, and employment among others (Koukoulis, Vlachonikolis, & Philalithis', 2002).

According to WHO (2009) social demographic variables are attributes of emerging adults that increases likelihood of alcohol use. Some social alcohol abuse factors are: age (Lammers et al., 2011) environmental (social), and media advertisement and technology (American Academy of paediatrics, 2013), genetic predisposition (Hassan, 2013) and gender (Eileen et al., 2013). Alcohol consumption among emerging adults is associated with marital conflicts, parental harmful alcohol use, low education and personality (Sabia & Rees, 2013; Weichold, Wiesner & Silbereisen, 2014). Parental laissez-faire behaviour may expose emerging adults to alcohol use (Daire, Turk, & Dominguez, 2013) and thus the importance of good parenting during children upbringing, effective family communication, modelling and control (Nappi, 2009).

Stress associated with residential moves, change of relationships, educational status, and employment influence emerging adults to use alcohol for self-elevation (Murray, 2013).

Freedom from college and independence from relatives' responsibilities make emerging adults make decisions sometimes socially unacceptable and risky. Also, due to peers influence they incline to alcohol use (Abar & Maggs, 2010).

Age is one of the most important risk factor for harmful alcohol use. The young a person is when exposed to alcohol the higher the probability of developing alcohol dependence and related disorders in life (Teskfaye, Derese, & Hambisa, 2014). Harmful alcohol use increase with life development stages reaching climax at emerging adulthood transition and start reducing at young adult (Mayo clinic staff, 2015). Adolescent is the most vulnerable stage of alcohol use which persists in emerging adults because of its characteristics of aggressiveness, insecurity, anxiety, permissive behaviour, dissatisfaction and search for pressure (Marshall, 2014). Heavy drinking is associated with the stage of emerging adults in learning institutions, working and urban setting (Galduroz et al., 2010). Studies done in Ethiopia universities show adolescents' consumption of alcohol was increasing and worrying (Teskfaye et al., 2014).

Similarly, social media is a risky factor in harmful alcohol use. Communication technology has grown exponentially of late and continues developing, which is being used by alcohol entrepreneurs for advertisement, marketing and networking with customers globally (Moren & Whitehill, 2014). Social media alcohol advertisements combine several communication methods such as visual, modelling and hearing which easily influence emerging adults who are immersed in it for exploration to use alcohol (Moren, & Whitehill, 2014).

Family factors may increase the risk factors for harmful alcohol use. Laslett et al (2015) indicated that family conflicts, alcohol use by parents, little education status, antisocial behaviours, poor planning, communication and lack of parental assertiveness are strong indicators of alcohol misuse at emerging adulthood. In Brazil scholars have shown that

alcohol misuse was associated with poor family and religious values (Galduroz et al, 2010). Some studies in Washington State, USA and Victoria, Australia have shown that parents drinking with their children and failure to control their drinking habits contribute to alcohol misuse (McMorries, Catalano, & Hemphill, 2011). Emerging adults from families who are strong followers of Muslims (0.62) and Protestants (0.25) in Ethiopia were found to be protected from alcohol use (Tesfaye et al., 2014).

Studies have associated gender with harmful alcohol use. In US, studies have reported that 20% of men over drink while for woman is 12.5 % (SAMHSA, 2012). Rate of women consuming alcohol excessively was increasing by 2011 especially among adolescent girls than adolescent boys. Excessive Harmful alcohol use accounts for 23000 deaths yearly among females in U.S (Kanny,D., Liu, Y., Robert D., Brewer, R.D., Lu., H.2011). Males are easily and more influenced to Harmful alcohol use in social arena, unlike women who are more influenced to drinking at their upbringing homes (Pavlova, Silbereisen, & Sijiko, 2014; Whiteman, Jensen, & Maggs, 2014). In South Africa women are more exposed to physical and emotion abuse resulting to infections (20%) of contentious diseases than men (12%) in reproductive ages especially in alcohol drinking sprees (Eileen et al., 2013).

In Ethiopia according to Tesfaye et al (2014) multiculturalism in urban and learning institution areas are creating contusive environment for alcohol drinking among emerging adults due to freedom from their significant relatives. Men accounts for 53% while women accounts for 47% in Ethiopia (Tesfaye et al., 2014). The researcher has observed in many Kenyan traditional cultures women were discriminated and stigmatised when they engage in harmful alcohol use unlike men who are encouraged to drink alcohol.

Environmental and social factors are linked to increased harmful alcohol use among emerging adults. Pavlova et al (2014) and Tesfaye et al (2014) revealed that Parents, sibling,

peers and neighbourhood modelling can discourage or encourage emerging adults' consumption of alcohol. In Portugal, technology in advertisement and package of alcohol promote Harmful alcohol use among emerging adults and thus more harmful alcohol use in developed and developing countries than in non-developed (SAMHSA, 2012). Lack of awareness about impacts of illicit alcohol drinking at early stages of life development contributes to alcohol misuse during emerging adult stage (Ahem, Margeriko-Ziko, Hubbard, & Galea 2013). Awareness and misuse of human rights by emerging adults promote alcohol use.

Emerging adults living in communal residence of Latino in US become dependence to alcohol as a result of social culture (Zamboanga et al., 2009). Coexistence of males and female has a strong influence in alcohol use (Willoughby & Carroll, 2009) ironically; most young people living with their parents demonstrate strong control of harmful alcohol use (Bailey, Haggerty, White & Catalano, 2011; Merrill & Carey, 2016). The transition from one level of education to another and peer influence contribute to harmful alcohol use (Bowers, Segrin, & Joyce, 2016).

Social events and programmes contribute to harmful alcohol use among emerging adults (Hoepfner et al., 2012) are: Holiday celebrations such as pass over ("Paska"), Christmas, New years' celebrations, birth days and other anniversaries like graduations, independences days and marriages (Lefkowitz et al., 2012; Neighbors et al., 2012), National main days like sporting events and politics campaigns (Glassman et al., 2010).

Some of social demographic factors related to harmful alcohol use in Kenya are age, gender, parenting, media, and peer influence in communal coexistence in public organization, among others (Ndegwa, Munene & Oladipo, 2017), intertribal and national conflicts (Wolff, Rospenda, Richman, Liu & Milner, 2013). In Kenyan universities, Harmful

alcohol use among scholars supersedes the general population accounting for 84% of youth aged 16-24 years (Chesang, 2013), hence putting emerging adults at greater risk than adults (Dammann et al., 2014). A study in Egerton University found risk factors associated with alcohol abuse are years of study, marital status, economic status and living arrangements (Kimuge et al., 2016). Those who abuse alcohol were from middle income families, divorced, living with spouses, and being on second year (Kimuge et al., 2016; Tesfaye et al., 2014). Therefore, no data found to show effects of demographic variables in Kathonzwani location.

2.5 Prevalence of Alcohol Use amongst Emerging Adults

In USA a study was done about life span drinking and established about 60% of college students (ages 18 and 25) drink heavily. Heavy drinking defined as more than four bottles for ladies and five for men per sitting. Fortnightly a third of learners in postsecondary experience harmful alcohol use, about 20% men and 10% women take more than ten and eight bottles respectively per sitting. This drinking phenomenon occurs throughout college life (Johnston, O'Malley, Bachma, & Schulenberg, 2014; Merrill, & Carey, 2016).

Alcohol abuse occur across all rites of passage but is highest, most problematic and dependence about (9 %) at emerging adulthood (Quinn, & Fromme, 2011). Studies have shown that harmful alcohol use among emerging adults is due to personality, social environment and community contributions (Jessor, 2014). In the US about 60% of emerging adults in colleges and graduates are alcoholics. Emerging adults who attend post-secondary school education use alcohol more than those who do not (Quinn, & Fromme, 2011).

According to National Centre for Education Statistics in United States (2014) 41% of 18- to 24-year-olds youth are in postsecondary learning institutions and most of them drink heavily and experience diverse harmful consequences. Factors which make emerging adults engage in alcohol use and misuse are identity exploration, instability, self-focus, feeling in between and diverse prospects (Merrill & Carey, 2016; OP, 2011).

Harmful alcohol use is a global public concern responsible for 1.8 million (3.2%) deaths and 4.0% of the disease burden. The situation may be worse due to lack of data in non-industrialised countries. Studies done to established alcohol use in Zambia (2004) found that 33.3% use alcohol while in Uganda (2003) the prevalence was greater than 33.3% among youth (Swahn et al., 2011). Other study was done among youth (ages 14-24) living in the slums of Kampala in Uganda by Swahn, Palmier and Kasirye (2013) established that 30.2% had alcohol drinking problem and 32.8% reported dependence (Swahn et al., 2011; Swahn, et al., 2013)

In Kenya data related to prevalence of harmful alcohol use among emerging adults is limited. However, studies have found that 70% of Kenyan families' abuse alcohol (Mahugu, 2016; Okech, 2014) and also established that most of the family conflicts are due to alcohol misuse (OP, 2011). Road accident analysis in Eldoret hospitals found that 23% of all people involved in accidents tested positive on alcohol test, 60% of drivers and 33.3% pedestrians involved in accidents were drunk with alcohol. Fifty per cent (50%) of drivers involved in accidents were men aged between 25 to 35 years (OP, 2011). There is a trend of increase in use alcohol in secondary schools. More boys than girls and more day scholars than boarding students abuse alcohol (Ndetei, Khasakhal, Mutiso, Owuor, & Kokonya, 2009). From the above literature, emerging adults are most affected by harmful alcohol use than any other age group, hence the need for this study.

According to APA (2013), Merrill and Carey (2016) harmful alcohol use (HAU) affects about 60% emerging adults (John et al., 2014) and is characterised by at least two (APA, 2013) of the following factors: urge to continue drinking more and longer (John et al., 2014) than intended and inability to stop despite the intention, spending a lot of time nursing after effects and thinking about drinking (APA, 2013; John et al., 2014). harmful alcohol use coursing problems to self, society (Hingson et al., 2009) and interference with performance

and continued use despite the challenges (APA, 2013; Hingson et al., 2009; White & Hingson, 2013). Giving alcohol use a priority over other important activities (Zamboanga et al., 2010) and often taking risk adventures (Mundt et al. 2012; Read et al. 2013). Increase of harmful alcohol use beside causing health problems or experiencing blackouts (Merrill & Carey, 2016). Some emerging adults are accustomed to high quantities of alcohol defined as at least four or more for women and for men at least five (Johnston et al., 2014). Alcohol abuse results to individual developing body reactions like sleep problems, sweating, tremors or other effects which are experienced when one has not taken alcohol (Mundt et al 2012; Read et al., 2013). Harmful alcohol use is classified as trivial, average or serious subject to the indications within a year. Mild HAU is indicated by two to three symptoms, moderate is indicated by four to five symptoms and severe indicated by six or more symptoms (APA, 2013). No literature, established about Kathonzwi location in Makueni County.

2.6 Low Self-Esteem among Emerging Adults

In Karachi, Pakistan according to Akhter (2013) emerging adults aged 20-30 years who consume high amount of alcohol were found to have very low self-esteem and then those who consumed little or no alcohol had high self-esteem. From the study it was concluded Harmful alcohol use has a strong influence of low self-esteem.

In contemporary world, prevalence of low self-esteem may increase, because of: poor relationships between parents and their children caused by life style, occupation, struggle for education and technology (McClure, Tanski, Kingsbury, Gerrard, & Sargent, 2010). Secondly, in developed (like America) and developing countries, emerging adults are mostly affected by low self-esteem due to life challenges associated with self-discovery, places of habitation, life goals, diverse opportunities and confusion whether they are adolescents or adults (Arnett, Zukauskienė, & Sugimura, 2014)

Poor communication and interaction cause low self-esteem to emerging adults because of poor interaction with their significant people who give unconditional physical, emotional, psychological and sexual care which are necessary in developing self-esteem a study done in Russia and US established (Erol & Orth, 2011).

Risk factors related to lack of personal value are alcohol use and poor parenting, lack of family cohesion and conflicting parents (Macharia, Muiru, & Wairimu, 2016) which cause: poor academic grade, lack of religiosity, psychopathology, lack of self-care and social conformity (Atwoli, et al., 2011). In Kenya more than half of the students who use alcohol have low or medium dignity, a study done in Nakuru municipality established (Oteyo, & Karuiki, 2009).

Emerging adults experience harmful alcohol use and low self-esteem challenges (Fallon, 2011) as they negotiate the emerging adulthood transition. Most important issues experienced by emerging adults are expectations from the society, parents, peers and others aspects of life (Garcia, Reiber, Massey, & Merriwether, 2012; Lane, 2015). Secondly they experience challenges related to relationship. Also, they seem to have issues with self-identity, feeling in between, instability, self-focus, and sense of opportunities among others (Arnett, Zukauskene, Sugimura, 2014; Lane, 2015; Tribble, 2015).

According to Arnett (2015) many of emerging adults in developed and developing countries spend more time to acquire education, skills, relationships and economic stability before settling permanently in social life.

For emerging adults to remain focused to their subjective achievements like self-exploration, economic stability, skill acquisition they have to make firm decision some against their community expectation to avoid all the eminent interruption like unplanned settling in family to endure the full period of transition (Arnett, Kloep, Hendry, & Tanner,

2011; Henig, 2010). Thus, emerging adult is a period of realising where one is in relation to where one comes from and where one wants to go.

According to Gerstaker (2010) emerging adulthood is a period of self-identity. Most of emerging adults leave their parents, graduate from adolescent behaviour and start establishing independent life. Emerging adults are bound to make firm independent decisions about their future life. It is a period of discovering what they are good at in relation to vocation, social life and the worldviews before settling to their real life (Arnett, 2015; Gerstaker, 2010). Emerging adulthood is a period of serious self-development, self-presentation and self-exploration to know their ideal, real and false self. Technology especially internet is helping emerging adults to discover themselves in comparison with peers around the globe (Arnett, 2015; Arnett et al., 2011; Gerstaker, 2010; Henig, 2010; Michikyan, Denis, & Subrahmanyam, 2014).

Emerging adults is a period of trying many things in life some of which are for adults and others adolescents. It is a stage characterised by frequent change of careers, partners and residential areas as well as physical, emotional and social conflicts. The changes are indication of psychological resilience and maturity development to achieve competence in life skills. The changes experienced by emerging adults are frightening and thrilling creating dilemma whether they are adolescents or adults in this stage of life. Most of emerging adults are neither in their parental homes nor established theirs but in unstable residents or uncommitted relationships still pondering what decision to take (Arnett, 2015).

From international labour organization youth unemployment by 2015 was 12.9% universally and rose to 13.1% by 2016 (World employment and social outlook [WESO], 2016). Unemployment among emerging adults is consistent in coursing high rates of depression (23%) and mental disorder in US (Mcgee, & Thopson, 2015; WESO, 2016). By 2010 unemployment among emerging adults was 20% and called for public attention in

Washington DC (WESO, 2016). However, there is insufficient data (Mcgee & Thopson 2015; US department of labor, 2014; WESO, 2016). Unemployment in Kenya is currently 39.1% according to Otuki (2017). Joblessness in Kenya is worse than its neighbouring countries and the economic growth continues to underperform (Faki, 2017). The situation in Kathonzweni Location, Makueni County remain unknown.

2.7 Relationship between HAU and LSE among Emerging Adults

Self-esteem is a continuous process of reasoning and understanding personal values and feelings based on physical appearance, abilities, skills and qualities one has (Wachira et al., 2011). Self-worth is exhibited through one's behaviours and communal perception. It is a general judgement of individual's thoughts and feelings (Alavi, 2011; Wachira et al., 2011). Self-esteem is an optimistic attitude of assessing significance of personal morals and influences psychological wellbeing (Jensen, 2011). According to Faloon (2011) self-esteem is an independent evaluation and perception of individual abilities.

Self-esteem is a normal, favourable and health individual assessment in significant areas of person's growth and is important for survival (Madsen, 2014). Self-esteem can be categorised as inflated (Akhter, 2013), high or low (Wachira et al., 2011). Inflated self-esteem leads to narcissism (Faloon, 2011). High self-esteem is healthy, normal and people in this category feel good and important about themselves. High self-esteem is demonstrated by honest, humility, respect, simplicity and love for themselves and others (Wachira et al., 2011). Those people who lack self-confidence do not appreciate one's talents and relies on their emotions. Anyone person who has no self- pride needs external incentive to suppress their negative self-talk. Lack of confidence is demonstrated by risk behaviour, rebellious gang involvement, identity crisis, self-pity and poor socialisation (Wachira et al., 2011; Akhter, 2013). Risky behaviour may include harmful alcohol use and abuse of substances for

false feeling of belonging, well-being and importance (Wachira et al., 2011). Studies in Pakistan have shown alcohol use progress to abuse then addiction with 60% of emerging adults in university becoming addicted with 7% yearly rate of increase (Akhter, 2013). The study focused on emerging adults with low self-esteem.

People with low self-esteem experience personality instability, inferiority, amoral behaviours and incompetence in diverse areas of life, poor health, poverty among others (McClure et al., 2010). A study done in Kerman city, Iran established people who under value themselves are involved in alcohol and substance abuse. The habit result to antisocial behaviours and psychological challenges. Individuals with self-dignity are more active and performers as compared with those who do not accept their strengths and weakness (Akhter, 2013; Alavi, 2011).

Literature in USA established that self-esteem is strong and inversely related to harmful alcohol use starting from adolescent and reaching climax at emerging adulthood. It is the most costly challenge in health and social conditions. Use of alcohol and other illicit drugs result to serious personal and social problems (Jensen, 2011). In Ohio learning institution of nursing, students with poor self-value were found to engage in promiscuous sexual habits than those with high value to themselves (Faloon, 2011). According to Checkon (n.d) low self-esteem is a discrepancy of one's self-image and actual self.

Traditionally, in Kenya like any other African culture, alcohol use by men was a sign of celebrating power, prestige and economic dominance (Kinoti, Jason, & Heper, 2011). Women are gaining access to economic empowerment, decision making, respect and power sharing with men hence their self-esteem increasing while for men it is decreasing as they are contemporary shocked and feel challenged by women (Kinoti, et al., 2011). Thus, tending to increase harmful alcohol use for temporary relieve but result to long term low self-esteem.

Historically self-esteem which can either be exaggerated, high or low is about self and self-will (Akhter, 2013). It is a means to understand personal behaviour to treat harmful thoughts, bad spirits of incompleteness, bareness, uncertainty and self-contempt. Healthy self-esteem depends on individual's ability to evaluate, accept and value selves accurately without prejudices. When emerging adults have no self-assurance, they need positive external experiences like alcohol to camouflage negative feelings and thoughts to escape reality temporary (Akhter, 2013). Literature has shown that the higher the Harmful alcohol use the lower the self-esteem and result to poor health and performance (Akhter, 2013; Alavi, 2011).

According to Jensen (2011) there is a strong association between liquor misuse and poor personal value. Liquor misuse may result to low self-esteem which in turn end up to social problems, lack of self-care and lack of development common during emerging adulthood and signifies escape from reality and lack of assertiveness (Alavi, 2011). Self-esteem for women is more affected by alcohol abuse than for men (Jensen, 2011). Care givers are recommended to always make positive commends to support children through rites of passage so as to encourage their self-esteem and use their energy fruitfully rather than engaging in substance abuse and alcohol abuse (Bennett, 2013). Antisocial behaviours are associated with those persons who drink alcohol excessively as they loss their self-respect (Bennett, 2013). While lack of personal pride may lead to harmful alcohol use, the study was interested with how harmful alcohol use can lead to low self-esteem In Kathonzweni Lacion in Makueni County which has not been established. Thus, the need for the study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the study methodology that was used in the study. It encompassed the following subdivisions: research design, participants, sampling procedures, measuring instruments, data collection and analysis, and ethical issues in research.

3.1 Research Design

Research design forms the overall outline that forms the scope of the study. It is the plan which combines all parts of the exploration to response the study enquiries through data collection and analysis focusing on objectives of the study (Creswell, 2014; Kothari, 2012; Oladipo, Ikamari, Kiplang'ati, & Baraza, 2015).

Cross sectional research design involves data collection from a sample at a particular point of time will be used (Oladipo et al., 2015; Selvam, 2017). The design was used as the researcher was collecting data at every school once and never went back to collect data a second time, and it was also not a comparative study. It was not a survey as correlational analysis of variables were done during analysis

3.2 Location of the Study

Study area is a geographical area from which data for report analysis is collected (Kombo & Tromp, 2013). The study was carried out in Kathonzwi location, Makueni County. Participants were drawn from emerging adult employees working in secondary and primary schools within Kathonzwi location. The study area, Makueni County has a population of 989048, where emerging adults had been projected to account for 14000 (14%) by 2017 (MCIDP, 2013). Its neighbouring Counties include: Kitui East, Taita Taveta South, Kajiado West and Machakos North in Eastern province of Kenya (MCIDP, 2013).

Makueni County is divided into nine Sub-Counties, which are further divided into 82 locations then 206 Sub-locations for efficient and effective administration. As per 2012, education enrolment was encouraging with retention rate of 93%, teachers/ pupil ration of 1: 40 in primary schools. Primary enrolment in primary was 83% which was poorer as compared to the National which was 92.9 %. However, transition from primary to secondary was slightly higher 65% compared to national 64.1%, completion was better 87.3% compared to the National 83.2% by 2015. Transition from primary to secondary was 76 per cent. Secondary schools retention was 86 per cent and teacher/student ratio of 1: 43. Literacy level was encouraging 22.41 % compared to national level of 28.59 per cent (MCIDP, 2013).

Major challenges of development according to the County government were: population growth, poverty, inadequate rainfall/water, poor infrastructure, Human Immunodeficiency Virus and Acquired Immune Deficiency syndrome (HIV and AIDs), gender inequality, youth population (26%) faced with unemployment, alcohol and substance involvement among others. The County government had tried to come up with strategies to empower emerging adults, all school and college leavers with skills, knowledge and morals but the effort was thwarted by alcohol and substance abuse (MCIDP, 2013, P.39).

3.4 Target Population

Target population was the entire units of a particular group or individuals under research from which the sample was taken for study (Kombo & Tromp, 2013). The study was conducted in Makueni County which has 82 locations with an estimated total population of 14000 (14%) emerging adult teachers (Makueni County integrated development plan, 2013). The target population were all emerging adults in Makueni County. The sample population was drawn from among emerging adults in Kathonzweni location, Makueni County.

Sample population was the group of accessible members drawn from a target population (Oladipo et al., 2015). Respondents of the study were emerging adults aged 19 to

29 years, with post-secondary education drawn from Kathonzweni location, one of the 82 locations in Makueni County.

The sample population was drawn from Kathonzweni location, because studies had shown that, in Makueni County emerging adulthood transition participate in harmful alcohol use due to life transition challenges (MCADCA, 2014). Respondents were emerging adults who were: in Kathonzweni location with form four education and beyond, between 19 to 29 years, males and females who consented and either married, separated or divorced and irrespective of religious affiliation.

3.5 Sampling technique and sample size

This section will cover sampling techniques to determine participants and sample size during the study.

3.5.1 Sampling Frame

Sampling frame is a list of members from which the sample for study is selected (Robergs, 2010). To be include in the study, one had be to be a male or a female aged 19 to 29 years with post-secondary school education, working as a teacher in secondary or primary schools in Kathonzweni location and was willing to participate in the study. Those who were excluded from the study were males and females who did not consent, were absent during time of data collection, sick and not working in secondary or primary schools in Kathonzweni location.

3.5.2 Sampling Techniques

Sampling techniques are the processes of picking the sample population from the target population (Oladipo et al., 2015). Purposive sampling which targets areas with predetermined conditions was used to identify the Study County and Location. Convenient sampling for a quantitative study which chooses accessible respondents was used to identify

emerging adult teacher employee participants from the established schools who were present and volunteered, met the required conditions, showed interest to the study and gave consent (Kombo & Tromp, 2013).

Makueni County and Kathonzwani location were purposely selected because of high and frequent alcohol abuse among residents of Makueni (Njeru, 2015; Takahashi, Wilunda, & Perngparn, 2017). Also, it was considered because of good communication network and many secondary and primary schools with high number of emerging adult teachers.

3.5.3 Sample Size

The sampling frame for the study was determined from Krejcie and Morgan (1970) formula from the target population. The sampling frame was calculated using the following formula:

$$S = \frac{X^2 NP (1-P)}{d^2 (N-1) + X^2 P (1-P)}$$

Where **S**= required sample size.

X²= the value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

N= the population size (400).

P= the proportion that is assumed to have the problem under study (assumed to be 0.50 since this would provide the maximum sample size).

d= the degree of precision stated as a part, or significance level (0.05).

$$s = \frac{3.841 \times 400 \times 0.5 \times 0.5}{0.05 \times 0.05 (400-1) + 3.841 \times 0.5 \times (1-0.5)} = 196.195$$

Therefore, sample size = **196** respondents.

According to Kathonzweni Sub-County education director (2017) total population of teachers in both primary and secondary schools in Kathonzweni Location was 400. Therefore sample size was calculated as 196 respondents.

The researcher visited the school administrators in the identified region, who helped to identify emerging adult teacher respondents and made arrangement to visit schools with questionnaires at convenient time for data collection. Total number of participants chosen from all the schools ($s = \frac{Z^2 NP(1-P)}{d^2(N-1) + Z^2 P(1-P)} = \frac{3.841 \times 400 \times 0.5(400-1)}{0.05^2 \times (400-1) + 3.841 \times 0.5(1-0.5)}$) were 196 participants, with confidence level of 95% and a margin error of at most 0.05% (Bartlett, Kotrlik, & Higgins, 2001).

3.6 Pretesting of Tools

Pretesting is a process of testing a set of questions or the questionnaire to be used on some members of the target population (Faux, 2010). Pretesting establishes clearness of the queries by the study, understanding of the enquiries by the respondents, then flow of the questions. That increased the validity and reliability (Faux, 2010). Pretesting allows making any necessary adjustments, hence increasing credibility of results.

After the approval of the research proposal by the supervisors, the researcher got permission from Tangaza University College (TUC), National commission of science and technology innovativeness (NACOSTI), County education office, county administration, district education office and college administration for pretesting of questionnaire and data collection. The pre-test process was carried in secondary and primary schools at Wote Municipality which is 30 kilometres from the study area Kathonzweni location, but in Makueni County. The researcher conducted pretesting of the questionnaire using emerging adult participants within Wote secondary and primary school employees. A sample size of 20 participants was picked during pretesting process two weeks before data collection procedure.

3.7 Research Instruments

To collect data, the following instruments were used: researcher developed social demographic questionnaire. Rosenberg Self Esteem Scale (RSES) (1965) and, the WHO-ASSIST V3.0 was to be used on alcohol section only.

3.7.1 Social Demographic Questionnaire

The researcher developed 11 items social demographic questionnaire consisting of features which were conceptualised to be associated with harmful alcohol use. The demographic structures also influenced: prevalence of alcohol use, low self-esteem and association of harmful alcohol use and low self-esteem among emerging adults in Makueni County.

The eleven social demographics items for emerging adults were: age, gender, education level, marital status, economic status, and number of years since one left college (work experience), age of alcohol test, family socialization, and activity when unhappy, social media influence and number of hours spend over social media.

3.7.2 Rosenberg Self -Esteem Scale

Morris Rosenberg developed Rosenberg Self-Esteem Scale (RSES) in 1965 to measure self-esteem (Rosenberg, 1965). Worldwide RSES is used in psychology, mental health and psychiatry (Tinakon, & Nahathai, 2012). RSES is a ten item scale which is universally accepted to measure negative and positive emotional state on self-worth of teenager and public (Rosenberg, 1965). The scale has four point Likert scales of 10 items which were used to assess self-esteem of emerging adults during the study. The items ranges from “strongly agree” 1 point, “disagree” 2 points, “agree” 3 points and “Strongly Agree” 4 points.

Response theory was used to investigate RSES developed from 1950s to 1960s by Frederic Lord and other psycho-metricians (Lord, 1952; Lord & Novick, 1968) and was found to be reliable. Item response theory (IRT) is concerned with accurate test, scoring and development of test items. The RSES measures positive and negative feelings universally about the self-worth.

The scale is a uni-dimensional, and some of the four point Likert scale formats were reversed 2, 5, 6, 8 and 9 in the questionnaire. The scores on this scale ranged from 10-40 for the ten items, higher scores mean higher self-esteem. Lower esteem response are “disagree” or “strongly disagree” on items 1, 3, 4, 7 and 10, “strongly disagree” or “agree” are on items 2, 5, 6, 8 and 9. The scale is scored by totalling 4 point items after reverse coding the negatively worded ones. Reversed items are 2, 5, 6, 8 and 9. The scores are awarded as strongly disagree =1, agree=2, disagree=3 and strongly disagree= 4. Therefore, low-self-esteem is always indicated by low score, while high self- esteem is indicated by high score in a continuous scale.

Reliability and validity are fundamental characteristics of any measurement tool. Reliability of a measurement instrument either a questionnaire, test or measurement procedure produces the same results of repeated trials, while validity is the extent to which an instrument measures what it is made to measure (Mohamad, Suleiman, Sern, & Salleh, 2014).

The RSES has been revised and shown high internal consistency as follows: In Kenya, a pilot study was carried out to find its reliability and a test retest reliability coefficient of 0.8 was obtained in Kambui secondary school (Wairimu et al., 2016). Another pilot study on the dependability of the tools of RSES was carried out by Thai version and reliability coefficient was 0.949 (Piyavhatkul, 2011). In Malaysia a study was done at King George secondary school among students of age 16 and 17 years. Its range was 0.81-0.88 with Cronbach’s Alpha of 0.8 overall (Yaacob, 2015).

3.7.3 WHO ASSIST V3.0

The alcohol and smoking substance involvement screening test version three scale is an eight-item validated instrument developed 2008 and has been developed in phases by group of WHO studies since 1997 (WHO, 2008). The first part was 12-item developed to screen psychoactive substance involvement in general health care globally (SAMHSA, 2012; WHO, 2008).

To assess alcohol involvement among emerging adults, WHO-ASSIST V3.0 questionnaire was modified then utilised for the research. The scale is recommended by WHO (2008) for testing alcohol and any other substance of abuse, but for this study it was modified to test life time alcohol use only. The respondents were issued with a six item modified question questionnaire to answer as per instructions.

According to the scale, those who score from (0 – 10), meant low Harmful alcohol use and no intervention will be required, from 11 – 26 was moderate use and required brief intervention while score of 27 and above meant high Harmful alcohol use and required referral intense intervention. Low score indicated no social and health related issues. Moderate score implied there was sensible danger of developing healthy and social problem related to alcohol use habits. High score predicted severe threat of health, social, legal, and economic challenges. Affected people with high score were characterised by suicidal ideation, sexual dysfunctions, aggressive behaviours, accidents, gastro-intestinal illness, mental inability, tremors, among others (WHO, 2008).

Alcohol in this context meant any drinks like beer, wine, spirits and many others which was taken without medical instruction or if medically prescript, was taken in excess of required amount. The original scale had more questions and the scoring was different in various substance of abuse. For the alcohol scoring different questions were scored differently as per the questionnaire.

Reliability Test-retest of ASSIST V3 scale had been done in various countries such as Australia, Israel, United Kingdom, Brazil, India, Ireland, Zimbabwe, Gaza Strip, West Bank and United States (Coordinating Centre) among the population by WHO and was found reliability (K-value) to range from 0.58 to 0.90 (WHO, 2008).

3.8 Data Collection Technique

Data collection procedure is the process of gathering specific evidence objectively to maximise reliability and validity of required information (Kompo & Tromp, 2013). Information was gathered from 199 respondents from different schools in Kathonzwi location, during month of July and August 2018. The process started by visiting Makueni County's education office, to seek permission to visit various schools in Kathonzwi location for data collection. At Kathonzwi education office, schools were purposely identified, and permission sought to visit the school heads. The researcher proceeded to the identified schools for permission and recruitment of research participants. Data was collected by the researcher with help of trained research assistants who assisted in questionnaire distribution, filling, collection, recording and accountability. This was to ensure efficient management of data and time. Finally, the researcher acquired informed consent from the participants.

For the cooperation of all the members in administration and participants a good rapport was created at every stage, so that a good atmosphere and understanding during data collection was established. Before commencing data collection, the questionnaires were given to the administrators, then instructions and procedure of filling both test scales (RSES and WHO ASSITS V 3.0) explained.

After acquisition of permission from the schools' heads to collect data, agreement on time convenience and venue of meeting the respondents without interfering with school

programme was clarified. The researcher requested assistance of the schools' heads to recruit qualified participants from the employees' school register. For free, frank and honest response to the questionnaires, the participants who met the criteria assembled at a particular point. Study explanation given, those who still wanted to continue with the study were given the consent and those willing to participate signed and were then given the questionnaire. They were debriefed to avoid any anxiety, promote cooperate and understand their career or life would not be affected in any way. The responses were to be individual's experiences. Sufficient time was given to every participant. Information obtained was to be used for academic purpose only. Anonymity was ensured by participants not writing their names for confidentiality maintenance.

Questions were taken at any time for clarification to enlighten the respondents and enhance accuracy of data collection. Participants were given questionnaires which they filled all questions at designated venues in various schools. Each respondent filled the questionnaire according to his or her experience after explanation of research ethics, meaning of self-esteem and harmful alcohol use. This helped the participants to understand themselves better and gave accurate information. Participants were given adequate time to fill the questionnaires as the researcher and research assistant waited in the elected sites. Once the participants completed filling the questionnaires the were collection was done by research assistants after ensuring all questions in each questionnaire had been appropriately filled and handed over to the researcher. The researcher also counter checked the completeness of the questionnaire filling at the sites before each respondent left the sites. Thereafter they were taken transported to safe custody during data collection period.

3.9 Data Management

Data management and analysis is the process of carefully and appropriately organising, working, presenting and interpreting collected data to readable form to answer

research questions achieve research objectives and test assumed hypothesis (Oladipo et al., 2015).

Questionnaires were coded and classified after completion of data collection at convenient place for the researcher. All the collected questionnaires were entered in SPSS for data analysis. The descriptive analyses were done to get mean, median, percentages and summaries.

3.10 Analysis

Analysed data was displayed using tables, percentages and frequencies as per research objectives. The analysed data was used to test hypothesis, establish correlation of harmful alcohol use and low self-esteem, and finally made conclusions about emerging adults in Kathonzwi location, Makueni County. The general objectives of the study was to find out if there is an association between harmful alcohol use and low self-esteem during emerging adulthood transition and was demonstrated as follows:

The tables showed occurrences of alcohol use problem, then classified the disorder as mild, moderate and severe (APA, 2013). The contributing factors which included: age, family, social media, and gender were established and summarised to show main harmful factors in the area of study.

Inferential analysis was carried, and different test performed such as: correlation test, reliability of scale test and Chi-square test. Cross-tabulation was used with Chi-square test to test the hypothesis about the association between alcohol abuse and low self-esteem then made conclusion about emerging adulthood. The study used ANOVA to test the hypothesis which was accepted because it was statistically significance at 95% and beyond.

Association of harmful alcohol use and low self-esteem was decided by Pearson's (r) statistics which is ideal for testing relationship of two variables. The relationship between

alcohol use and low self-esteem was determined by plotting data collected from respondents in a correlation chart where alcohol (x) and self-esteem (*) shown in table. Their correlations was determined by the relationship of stars (*) and crosses (x) along the linear middle line whether positive (directly proportional), no relationship or negative (inversely proportional). The significant and strength was indicated by value of Pearson's (*r*) which range from +1 to -1 after computing with help of SPSS.

3.11 Ethical Considerations

After clearance from the ethics and research board from Tangaza University College, the researcher proceeded to National Commission on Science Technology and Innovation (NACOSTI) for permission of data collection in Kathonzweni location, Makueni County. The researcher visited County, District Commission (DC), and Ministry of Education (MOE) Makueni County to seek authority to conduct research. The researcher protected respondents by adhering to the following rules at any stage of data collection and handling.

According to APA revised code of ethics (2016) general principles covering research ethics, the following were considered: Informed consent was read and explained to participants to secure their welfare and ethical data collection before commencing data gathering. The participants were enlightened about the objective of the study and their freedom to participate or withdraw at their convenience. Integrity was promoted by ensuring accuracy, honesty, truthfulness and avoidance of deception during data collection. Psychological risk was reduced by the researcher debriefing the participants before and after data collection. Confidentiality was maintained by not using names or other identifiers like employment number on the questionnaires and the researcher monitoring, collecting the questionnaires and keeping them secure. Results were presented as group not individual.

The researcher avoided influence of data, maintained academic integrity and shared the research findings for verification with other intellectuals. Conflicts between research ethics and school rules were avoided by adhering to the school administration agreement and solved amicably whenever they arose. The researcher cooperated with school rules by adhering to the agreement with administration in various schools where data was being collected.

The study findings will be presented to the participants through publications, and some copies will be submitted to Makueni County's and Kathonzweni Location's education offices. However, respondent's names will not appear in the publication for confidentiality reasons.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

The study investigated the relationship between harmful alcohol use and low self-esteem among emerging adults in Kathonzweni Location, Makueni County. This was to establish: demographics features and their association with harmful alcohol use and low self-esteem, prevalence of harmful alcohol use and low-self-esteem and relationship of harmful alcohol use and low self-esteem. This chapter presents the findings of the analysis. Rate of questionnaire distribution return, demographics particulars of participants and instrument used to collect data reliability (descriptive analysis with: mean standard deviation, frequencies, factor analysis, correlation analysis, linear regression analysis, one way ANOVA and factorial ANOVA –parameter analysis) are presented in the chapter.

Response Rate

From Makueni County target population, a total of 212 emerging adult employees filled questionnaires in Kathonzweni location schools and 199 met required criteria. This was a response rate of 93.9%. According to Mugenda and Mugenda (2010), a 50%-60% response rate is considered sufficient, 61-70% good and above 70% excellent, given that the response rate for the research was 93.9%, the response was sufficient to undertake analysis.

4.2 Social Demographic Features of the Respondents

The study involved 199 participants. Their demographics and related structures are as shown in table 4.1 it was found that majority of emerging adults spend two to six hours on social media 89 (44.7%).

Table 4.1: Social Demographic Profile of Emerging Adults (n=199)

Variables	Categories	Frequency	Percentage
Age	19-24	86	43.2
	25-29	113	56.8
Gender	Male	88	44.2
	Female	111	55.8
Level of education	Certificate	84	42.2
	Diploma	28	14.1
	Bachelor's degree	86	43.2
	Master's degree	1	0.5
Marital status	Married	58	29.1
	Never married	139	69.8
	Separated	2	1.0
Economic status per month	Below 10,000	87	43.7
	10,000-20,000	84	42.2
	20,000-30,000	21	10.6
	30,000 and above	7	3.5
Age they first used alcohol (years)	Never	125	62.8
	0-9	5	2.5
	10-19	27	13.6
	20-29	42	21.1
How often they socialize with their family	Always	136	68.3
	Rarely	57	28.6
	None	6	3.0
What they do when they are unhappy	Talk to family/significant people	70	35.2
	Take stimulant	5	2.5
	Exercise	31	15.6
	Stay alone	37	18.6
	Relax	56	28.1
Influence of Social media	Always	5	2.5
	Sometimes	46	23.1
	Never	148	74.4
Hours spend on social media per day	Less than 2	87	43.7
	2-6	89	44.7
	6-12	16	8.
	more than 12	7	3.5

4.2.1 Demographic Profiles Associated with Harmful Alcohol Use

Table 4.2 presents a summary of demographic variables' influence on HAU. The study employed descriptive and one-way analysis of variance to check their effect on harmful alcohol use. The findings established that only male gender at ($F=7.06$, $P=0.01$) and marital status ($F=3.49$, $P=0.03$) had significant impact on alcohol use. The mean score for gender: Males ($M=4.64$, $SD= 6.63$) had higher mean score than females ($M=2.35$, $SD=5.41$). So, male emerging adults are more likely to be involved in harmful alcohol use. Marital status mean scores were: married ($M=1.88$, $SD=4.47$), never married ($M=3.88$, $SD= 6.49$) and separated ($M=10.00$, $SD=9.90$) had the highest score. Hence, marriage is likely to influence an emerging adult to harmful alcohol drinking. Therefore, the results suggest that: emerging adults of Makueni County are likely to be influenced to harmful alcohol use by sex and marital status.

Table 4.2: Descriptive Analysis and One-way ANOVA showing the Influence of Demographic Profiles on HAU

		Mean	SD	F	P
Age distribution	19-24	24.00	3.20	0.10	0.75
	25-29	29.00	3.48		
Gender	Male	4.64	6.63	7.06	0.01
	Female	2.35	5.41		
Education level	Certificate	2.22	4.89	1.87	0.14
	Diploma	4.50	6.57		
	Bachelor's degree	4.13	6.80		
	Master's degree	-	-		
Marital status	Married	1.88	4.47	3.49	0.03
	Never married	3.88	6.49		
	Separated	10.00	9.90		
Monthly Income	Below 10k	2.65	5.33	0.73	0.40
	10-20k	4.22	7.00		
	20-30k	3.70	5.43		
	30 and above	0.86	2.27		
Age of first alcohol use	Never	0.87	2.36	0.73	0.40
	0-9yrs	3.40	4.98		
	10-19yrs	8.92	8.19		
	20-29yrs	7.29	7.89		
Family socialization frequency	Always	29.48	2.57	36.63	-
	Rarely	29.24	2.87		
activity when unhappy	None	29.33	3.20	0.92	0.34
	Talk to people	2.82	5.12		
	Take stimulant	15.00	4.64		
	Exercise	3.53	7.19		
	Stay alone	5.16	7.87		
	Relax	1.68	3.37		
	Always	7.40	9.04		
sometimes	8.29	8.41			
Influence to take alcohol	Never	1.69	3.85	1.09	0.30
	Time spent on social media	2.98	5.83		
Time spent on social media	less than 2hrs	2.98	5.83	1.09	0.30
	2-6hrs	3.23	5.61		
	6-12hrs	7.56	8.97		
	more than 12hrs	-	-		

N=199, sign at $P < .05$, F-fisher's statistics used to test if there is a significance difference between demographic valuables and HAU, M-mean and SD-standard deviation and dependent variable HAU score

4.2.2 Demographics Profiles on LSE

A summary of impact of demographics profiles on low self-esteem is shown on Table 4.3 to test their influence on low self-esteem. The study explored descriptive and one-way analysis of variance to check the differences in the scores of LSE. The findings showed time spend in social media 6-12hours ($F=3.49$, $p=0.02$) and age between 19-24 years ($F=3.73$, $p=0.05$) were the variables which have significant effect on low self-esteem. The mean score showed that only those who spend 6-12 hours on social media had low self-esteem. Therefore, this means that time spend on social media and age are likely to cause low self-esteem among emerging adults in Makueni at 95% confidence level.

Table 4.3: Descriptive Analysis and One-way ANOVA Showing the Influence of Demographic Profiles on Self-Esteem

		Mean	SD	F	P
Age distribution	19-24	29.83	2.45	3.73	0.05
	25-29	29.09	2.78		
Gender	Male	29.24	3.01	0.58	0.45
	Female	29.54	2.35		
Education level	Certificate	29.93	2.36	1.88	0.13
	Diploma	29.00	2.65		
	Bachelor's degree	29.05	2.90		
	Master's degree	28.00	-		
Marital status	Married	29.09	2.39	0.88	0.41
	Never married	29.52	2.76		
	Separated	31.00	4.24		
Monthly Income	Below 10k	29.34	2.14	0.56	0.64
	10-20k	29.63	3.18		
	20-30k	29.05	2.26		
	30 and above	28.57	3.05		
Age of first alcohol use	Never	29.53	2.37	0.82	0.48
	0-9yrs	29.20	1.30		
	10-19yrs	28.65	3.51		
	20-29yrs	29.05	2.97		
Family socialization frequency	Always	29.48	2.57	0.17	0.85
	Rarely	29.24	2.87		
	None	29.33	3.20		
activity when unhappy	Talk to people	29.28	3.14	1.30	0.27
	Take stimulant	27.20	1.79		
	Exercise	29.97	2.82		
	Stay alone	29.27	2.10		
	Relax	29.55	2.27		
	Always	29.20	3.11		
Sometimes	29.49	3.31			
Never	29.39	2.43			
Time spent on social media	less than 2hrs	2.67	85.00	3.49	0.02
	2-6hrs	28.75	2.66		
	6-12hrs	30.20	2.24		
	more than 12hrs	29.43	1.62		

4.2.3: Influence of Demographic Variables on Relationship between HAU and LSE

Table 4.4 presents the findings of effects of demographic features on association between HAU and self-esteem. The ANOVA probability F is reported to be 0, this denotes that the means across the variables in this model are equal. The adjusted R squared value is 0.3732, this implies that the independent variables explain up to 37.32% of the variations in the dependent variable (alcohol usage).

Economic status ($p=0.01$), age of alcohol first use ($p=0.00$), family socialization ($p=0.01$) and social media influence ($p=0.00$) were found to be significant. Economic status ($r=-1.98$) has a negative association with relationship of HAU and LSE while socialization ($r=0.33$) has no influence at all. Therefore, emerging adults of Makueni County who use alcohol are likely to have low self-esteem due to: age they start taking alcohol, hours spend in social media, economic status and socialization with significant others.

Table 4.4: Linear Regression and Factorial ANOVA (parameter estimates) Showing the Influence of Demographic Variables on Relationship between HAU and LSE

Adjusted R-squared	0.3732		F(11,181)=11.39			
Root MSE	4.8231		P=0			
Alcohol Use	Coef.	Std. Err.	T	P>t	[95% Conf. Interval]	
Low self esteem	0.07	0.13	0.55	0.58	-0.19	0.34
Age	-0.31	0.84	-0.37	0.71	-1.97	1.35
Gender	0.15	0.78	0.19	0.85	-1.39	1.69
Education	0.52	0.43	1.21	0.23	-0.33	1.38
Marital status	1.05	0.85	1.24	0.22	-0.62	2.72
Economic status	-0.91	0.54	-1.69	0.01	-1.98	0.15
1 st . Alcohol test	2.21	0.31	7.15	0.00	1.60	2.82
Socialization	1.63	0.66	2.48	0.01	0.33	2.94
Unhappy	-0.18	0.22	-0.82	0.42	-0.61	0.25
Media influence	-3.40	0.76	-4.47	0.00	-4.90	-1.90
Hours in social media	-0.25	0.49	-0.51	0.61	-1.21	0.71
_cons	3.94	5.85	0.67	0.50	-7.61	15.49

4.3 Prevalence of Harmful Alcohol Use

The second objective of the study was to establish the prevalence of harmful alcohol use among emerging adults. To achieve this objective, the respondents were to answer to the following questions which were made to establish prevalence of alcohol use among emerging adult teachers in Kathonzweni location, Makueni County: frequency of drinking alcohol, urge and any difficulties related to alcohol use, failure to perform duties, significant people concern about alcohol drinking and participants efforts to reduce or stop drinking alcohol.

Table 4.5 shows alcohol use of the respondents as: (171) 85.9% had low alcohol consumption, (21) 10.6% had moderately alcohol use and seven (7) 3.5% had inflated alcohol consumption according to WHO ASSIST V3 (WHO, 2008). The finding implies that emerging adults in Makueni County who are at risk (Moderate and high alcohol consumers) are (28) 14.1%. Therefore, the preference of alcohol use risk in Makueni County 10.6% require brief intervention (counselling) while 3.5% need referral and intense (rehabilitation and counselling).

Table 4.5: Prevalence of Alcohol Use

	Score	Average Frequency	Percentage
Low alcohol use	0-10	171	85.9
Moderate alcohol use	11-26	21	10.6
Harmful alcohol use	27-40	7	3.5
	Total	199	100.0

4.4 Prevalence of LSE among Emerging Adults

The third objective was to determine the frequency of low self-esteem among emerging adults in, Makueni County. To realize the objective emerging adult teachers reacted to adopted RSES scale consisting of ten questions in Table 4.6 The questions to assess low self-esteem were: satisfaction with self, thinking one is not good at all, feeling to have good qualities, comparing self to do things as other people, feeling to have nothing to be proud off,

feeling useless at times, feeling as worth at least as other people, wishing to have more respect to self, inclination to feel to be a failure and positive attitude to self.

Table 4.6 shows level of self-esteem of respondents: (117) 58.8% moderate self-esteem, (64) 32.2% had low and (18) 9.0% had inflated. This indicates that (64) 32.2% of emerging adults in Makueni County are likely to have low self-esteem.

Table4.6: Prevalence of Low Self-Esteem

	Score	Frequency	Percentage
Low self-esteem	0-14	64	32.2
Moderate self-esteem	15-25	117	58.8
Inflated self-esteem	26-40	18	9.0
	Total	199	100.0

4.5 Relationship between HAU and LSE among Emerging Adults

The study's fourth objective was to establish relationship between harmful alcohol use and low self-esteem among emerging adult of Makueni County. To determine the relationship of harmful alcohol use and low self-esteem association of harmful alcohol use and low self-esteem was done. This was to ascertain if use of alcohol has any effect on individual's self-esteem. The study has incorporated p value, checked at 95% confidence interval which created a threshold mark on the variables perceived to be significant. The results are shown in table 4.7.

Table 4.7: Pearson's Association of Harmful alcohol use and Low Self-Esteem

Harmful alcohol use		Self-esteem
	Coefficient	0.672
	p value	0.02**
	N	77

** Correlation is significant at 0.01	* Correlation is significant at 0.05
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The table 4.7 presents findings of correlation analysis, both at 99% confidence interval and 95% confidence interval, this is denoted by single asterisks (*) and double asterisks (**) respectively.

The variables coefficient and p values are as follows: The coefficient denotes a high correlation between HAU and low self-esteem ($p=0.02$). The alternative hypothesis there is statistically significant relationship between HAU and LSE among emerging adults in Kathonzwi Location, Makueni County, was accepted at 95% and p value of 0.02 confidence levels. The null hypothesis which stated that: there is no statistically significant relationship between HAU and LSE among emerging adults in Kathonzwi, Makueni County, was rejected. Thus, emerging adults in Makueni County, taking either moderately or high alcohol levels are associated with low self-esteem.

4.6: Discussions

4.6.1 Demographic Profiles Associated with Harmful Alcohol Use

The first objective was to assess the demographic profiles associated with harmful alcohol use among emerging adults in Makueni County. It was found that (42) 21.1% of the respondents start drinking alcohol between 20-29 years, (89) 44.7% of the participants spend their time on social media, transition stage and marriage status contributed to harmful alcohol use at 95% significance.

The finding concurs with Lane (2015) who reported alcohol drinking is highest among emerging adults in USA is due to peer influence. Campbell et al (1968) in South West Colorado, America found lack of social and legal rules to regulate alcohol intake among emerging adults contributed to binge drinking. Age according to Lammers et al (2011) found it contributes to Harmful alcohol use among adolescents in Netherlands. Social media advertisement and technology similarly was found to promote harmful alcohol use among American paediatrics (ACP, 2013).

These findings indicate that, marriage; emerging transition period and time spend on social media have strong influence on alcohol drinking. The influence could be because of freedom from authoritative institutions like family, less academic work from learning

institutions, lack of awareness of risks associated with alcohol drinking and use of social media. This should be brought to awareness of leaders, parents and professionals to guide and counsel emerging adults on alcohol use control measures (social, legal and environmental structures), engage in productive activities and relationships.

4.6.2 Prevalence of Harmful Alcohol Use among Emerging Adults

The second objective was to determine prevalence of alcohol use among emerging adult teacher employees of Makueni County. Data analysis revealed the frequency of Harmful alcohol use among emerging adult teachers was 37.8% where, 57.5% of alcohol users started drinking at emerging adult transition. Majority of respondents 85.9% were mild alcohol consumers, while moderate and high alcohol users were 10.6% and 3.5% respectively.

Harmful alcohol use among emerging adults in Makueni County is similar to previous results: according to Ndeti et al (2009) who established students aged between 19 to 29 years in boarding schools in Kenya abuse alcohol. Also alcohol use in Makueni County is 37.2% nearly the same as in Uganda and Zambia is 33.3% according to (Swahn et al., 2011; Swahn et al., 2013), but less than in USA (41%) according to Merrill and Carey (2016). In USA a study done among college students aged between 18 to 25 years established that 60% of the participants drink heavily (Johnston et al., 2014; Merrill, & Carey, 2016)

If harmful alcohol use is not checked, Makueni community might have unreliable workers force, many addicts, and stagnation of the County development, social and psychological problems as well as irresponsible adults (NACADA, 2010; NACADA, 2014; APA, 2013; Jensen, 2011). This implies that Makueni County like any other part of the globe are affected by alcohol miss use (Jensen, 2011). Thus, awareness of implications associated with alcohol use should be started before and strengthened during and after emerging adult transition stage.

4.6.3 Prevalence of Low Self-Esteem among Emerging Adults

The third objective was to find the prevalence of low self-esteem among emerging adults in Makueni County. The study revealed that some emerging adults have low self-esteem. The study found that 32.2% of the respondents had low self-esteem, 58.8% had moderate self-esteem and 9.0% had inflated self-esteem.

The outcome is in agreement with findings of McClure et al (2010) who pointed out that low self-esteem could increase, because of: technology, reduced socialisation, modern life and occupation challenges. Similarly, Arnett et al (2014) noted that emerging adults in developing countries mainly suffer from low self-esteem due to self-exploration, employment issues, places of habitation, incompetence in social involvements and feeling in between adolescents and adults. Therefore, improvement of low self-esteem among emerging adults has to be strategized to help them realize their potentials and competence in developmental and social challenges. Self-esteem among emerging adults is important for personal development and survival this transition stage.

4.6.4 Relationship between Harmful Alcohol Use and Low Self-Esteem

This objective was conducted to determine if there is a relationship between harmful alcohol use and low self-esteem among emerging adults in Makueni County. The study established that among emerging adult teacher employees there was a correlation between alcohol consumption and low self-esteem.

Similar findings were established in Pakistan by Akhter (2013) who found that 60% of emerging adults in university and using alcohol become addicted at rate 7% yearly resulting to low self-esteem.

The study findings are also similar to those of Alavi (2011) in Kerman city, Iran who found that when people continue taking alcohol there is loss of self-worth in relation to: behaviours, general judgement, emotions, and public thoughtfulness deteriorate. In Pakistan

according to Akhater (2013) established emerging adults who use excess alcohol end in addition and low self-esteem. In USA Jensen (2011) found emerging adults aged between 18- 25 years who take alcohol have a personal and social problem with self-esteem.

It follows that intervention strategies should be implemented right from homes to the public institutions. Parents, professionals and public leaders of Kathonzweni Location have to be established to help the emerging adults to avoid harmful alcohol use so as to improve their self-value during their transition period.

CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents results of data analysis for the study. The discussion based on literature reviewed, study objectives associated with relationship of harmful alcohol use and low self-esteem among emerging adults in Makueni County. The discussion will further, explain how demographics and other constructs like: marital, education and economic status; age, work experience, socialisation, technology and age in emerging adults' transition influence emerging adults on alcohol use. The findings will be generalised to Kathonzweni Location emerging adults and suggestions for further study made. The chapter will give the major findings in form of discussions, conclusion and recommendations.

5.2: Summary of Findings

The study sample comprise of emerging adults aged from 19-29 years mainly females. All the respondents had acquired professional education from certificate to masters. Majority of respondents earned less than ten thousand monthly, worked up to five years, always interacted with their significant relatives, share their challenges and were not married. Hours spend on social media, age and gender are features alleged to be to influence alcohol drinking. This could imply emerging adults in Kathonzweni as they advance through transition depending on gender get lots of information which influence their alcohol drinking.

Majority of emerging adults were not at risk (171) 85.9% of harmful alcohol use. However, there were some emerging adult alcohol users in Kathonzweni location for brief (21) 10.6% and referral (7) 3.5% interventions respectively. Therefore, (28) 14.1% emerging adults of Kathonzweni Location, are at risk of harmful alcohol drinking.

The study found that (64)32.2% of the respondents had low self-esteem, 58.8% had moderate self-esteem while seven (7) 3.5% had inflated. It indicates that most of the emerging adults of Makueni County have moderate self-value. The study reported that

alcohol use and low self-esteem had a significant association which implies that emerging adult alcohol users have low self-esteem

5.3 Conclusion

The study concludes that demographic features which influenced HAU were hours spend on social media, age and gender; LSE was only affected by social media and age while relationship of HAU and LSE was impacted by economic status, family socialization, age of first alcohol test and social media. Prevalence of alcohol use was high 74 (37.2%), low self-esteem was 64 (32.2%), and strong association of harmful alcohol use and low self-esteem at 95% confidence interval. In view of these findings, Kathonzweni Location in Makueni County, like the rest of the globe has challenges related alcohol drinking like low self-esteem among its emerging adults affecting the society.

The study concludes that Kathonzweni Location: leadership, parents and public leaders need to team up to make guidelines with the rest of the world to help emerging adults improve alcoholism. This in turn will lead to improvement low self-esteem which will help the emerging adults to improve their psychological, physical and antisocial behaviours as well as their holistic wellbeing and social norms.

5.4 Recommendations

The study has shown that high prevalence of alcohol use leads to low self-esteem. This could be due to lack of social and legal control structures as well as uncontrolled exposure to alcohol advertisements over social media. It is against this background that the recommendations below are made. Despite its limitations (methodology, target population, sample size among others), the study confirms the hypothesis that: there is a relationship between HAU and low self-esteem among emerging adults in Kathonzweni, Makueni County.

5.4.1: Policy Recommendations

Basing the generalization on the findings of this study, the researcher recommends that:

- ❖ Leadership, community, parents and emerging adults of Kathonzweni Location, work as a team under guidance of psychological counsellors to establish control mechanism and sensitizations on alcohol use and associated risks at homes, learning institutions and in public organizations.
- ❖ Since it has been established alcohol use start earlier than emerging adult transition awareness and empowerment should be started at adolescent stage and continued to emerging adult transition by parents and all public leaders. County government with help of development counsellors defines continuous community policies to engage, model and monitor emerging adults on productive life skills and public participation to promote self-esteem in personal and community life skills.
- ❖ Reward those who excel and empower idlers through village ten house community (“*Nyumba Kumi*”) leadership. County government in unity with central government to plan, initiate and monitor emerging adult activities.
- ❖ Controller alcohol related advertisements and use of social media which breach personal and communal responsibilities.
- ❖ School administration authorities to establish legal and social control structures on amount, when and where concerning use of alcohol use by its emerging adult employees.

5.4.2 Recommendations for Further Research

Future research is recommended to explore further the variables associated with alcohol use using a different and mixture of research designs and inclusion of all emerging adults rather than school employees. This is because only hours spend on social media and ages were found to have impact on alcohol use and low self-esteem, contrary to the

researchers' expectation from literature. Secondly the respondents might not have been honest as it applied to them while filling the guided questionnaires.

The researcher recommends that more research on relationship of harmful alcohol use and low self-esteem be done on: none employed emerging adults, young adults and adolescents. This will give a better insight when to start advocating for awareness of how to control harmful alcohol use and promote self-esteem. Secondly research whether many parents and public leaders are aware of effects of alcohol on self-esteem and their consequences in personal and community. More researches should be done using different methodology to ascertain the finding of this study.

Further research can include a study on the effects of advertising and social media on Harmful alcohol use prevalence. Further, a longitudinal study can be carried out to establish the effect of various new media and development programs consumed by emerging adults

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APPENDICES

Appendix A: Social Demographic Profile of Emerging Adults

Introduction

Thank you for accepting to take part in this research. This questionnaire seeks to obtain social demographic profile in regard to a study entitled “Relationship between harmful alcohol use and low self-esteem among emerging adults in Kathonzweni location, Makueni County”.

Instructions: Please mark appropriately as it applies to you.

Respondent's details:

1. Indicate your age bracket group 19-24 1 bracket group 25-29 2

2. What is your gender? Male 1 Female 2

3. Indicate your education level

Certificate 1 Diploma 2 Bachelor's degree 3 Masters 4

4. What is your marital status?

Married 1 Never married 2 Separated 3 Widowed 4

5. Indicate your economic status per month:

Below 10,000 1 10,000 - 19,000 2 20,000 - 29,000 3 30,000 and above

6. Indicate number of years since you left college? 0-5years 1 6-10years 2

7. What was your age when you first used alcohol? Never 0 0-9years 1
10-19 years 2 20-29years 3

8. How often do you socialise with your family?

Always (daily/weekly)

Rarely (Monthly/yearly)

None (more than a year/years)

3

9. What do you do when you are unhappy?

Talk to significant/family people

Take a stimulant

Exercise

Stay alone

Relax

10. Do social media influence you to use alcohol?

Always

Sometimes

Never

11. In a day what is the approximate hours you spend over social media?

Less than 2 hours

between 2 to 6 hours

between 6 to 12 hours

More than 12 hours

Appendix B: Rosenberg self-esteem scale was developed by Morris Rosenberg in 1965

Instructions: Answer the following questions to the best of your knowledge as it fits you

S/No	Question	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
12	On the whole, I am satisfied with myself	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
13	Sometimes I think I am no good at all	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
14	I feel that I have a number of good qualities	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
15	I am able to do things as well as most other people	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
16	I feel I do not have much to be proud of	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
17	I certainly feel useless at times	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
18	I feel am worth, at least on equal plane with others	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
19	I wish I could have more respect for myself	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
20	All in all, I am inclined to feel that I am a failure	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)
21	I take a positive attitude toward myself	Strongly Agree(4)	Agree (3)	Disagree (2)	Strongly disagree (1)

Appendix C: WHO - ASSIST V3.0, WHO, 2008

Instructions: Answer alcohol use questions in your life time habits. Nevertheless, if use of alcohol drink was clinically prescribed do not indicate unless it was taken more than it was recommended. The information you give will be confidential.

22. The last three months, how frequently have you used alcohol?	Never	1-2 times daily	1-3times monthly	1-4times weekly	5-7times daily
	0	2	3	4	6
23. How frequent have you had strong urge of alcohol in the last three months?	Never	Once or Twice	monthly	Weekly	daily
	0	3	4	5	6
24. Have you had any health, social, legal or financial difficulties in the last three months related to alcohol use?	Never	Once or twice	Monthly	Weekly	Daily
	0	4	5	6	7
25. How often have you failed to do what was expected of you because of alcohol use?	Never	Once or twice	Monthly	Weekly	Daily
	0	5	6	7	8
26. Can you remember a friend or relative who was concern about your alcohol use?	No	Yes in the last 3 months		Yes, but not in 3 months ago	
	0	6		3	
27. Do you remember trying to reduce or end alcohol drinking?	No	Yes, for 3 months ago		Yes, however not in last three months	
	0	6		3	

Appendix D: Participants' Informed Consent Form

The title of this study is ‘‘Relationship between low self-esteem and harmful alcohol use among emerging adults in Kathonziweni location, Makueni County’’. This study has been approved by Tangaza University College. In case of any questions in regard to this study, please contact; E-mail, iysma@tangaza.ac.ke

The study involves no known risks to participants and contains no deception. It will take you approximately 30-45 minutes to answer a series of questions in the study.

All responses will be treated as strictly confidential. Participant's results will not be presented individually but only in aggregate form.

Participation in this study is voluntary and there will be no monetary compensation. A refusal to take part will not lead to an individual being penalized in any way, and all participants have the right to withdraw themselves and their data from the study at any time.

I confirm that the researcher has explained fully the nature of this study and the range of activities which I will be asked to undertake. I confirm that I have had adequate opportunity to ask questions about this study. I understand that my participation is voluntary and that I may withdraw at any time during the project, without having to give a reason.

By signing this informed consent form I agree to take part in this study.

Participant's signature.....Date.....

Name of the principal researcher: Peter Mule.

Position of the researcher: MA counsellor psychology Student, Tangaza University College

Email Address: petermule16010@gmail.com. Cell: 254720 77 88 59

Signature of the researcher:Date.....

Appendix E: Tangaza University Authorization Letter



TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

DIRECTORATE OF POSTGRADUATE STUDIES & RESEARCH

E-mail: dir.pgcsr@tangaza.ac.ke Website: www.tangaza.ac.ke

OUR Ref: DPGSR/ERC/No.010/05/2018

Date: 23rd May 2018

Mule Peter Dominic Makau,
Reg. No. 16010Y
Institute of Youth Studies
Tangaza University College

Dear Mule,

RE: Relationship between alcohol use disorder and low self-esteem among emerging adults in Kathonzweni location, Makueni County

Reference is made to your request dated 10th May 2018 for ethical approval of your thesis proposal research tools by Tangaza University Ethics Review Committee.

We are pleased to inform you that your proposal and the research tools have gone through the ethical review committee as requested and the approval has been granted. In line with Tangaza University College Research policy, you will be required to submit a copy of the final research findings to the Director of Research for records.

Before proceeding to the next stage, ensure that all the comments that were made regarding your research tool have been addressed to the satisfaction of your supervisors. Note that it is an offence to proceed without addressing the concerns of the Ethics Review Committee.

This approval is valid for one year from 23rd May 2018.

This approval does not exempt you from obtaining a research permit from the National Commission for Science, Technology and Innovation (NACOSTI).

Yours sincerely,

A blue ink signature of Daniel M. Kitonga.

TANGAZA COLLEGE
Catholic University of Eastern Africa
P. O. Box 15055 - 00509
NAIROBI

Daniel M. Kitonga (Ph.D)
Director, Post-Graduate Studies & Research

CC:

Ms. Lucy Njiru –Programme Leader, MA in Counseling Psychology

Appendix F: National commission for Science Technology and Innovation



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/18/14384/23060**

Date: **13th June, 2018**

Peter Makau Mule
Tangaza University College
P.O. Box 15055-0509
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Relationship between alcohol use disorder and low self-esteem among emerging adult in Kathonzweni Location, Makueni County*" I am pleased to inform you that you have been authorized to undertake research in **Makueni County** for the period ending **11th June, 2019**.

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

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Makueni County.

The County Director of Education
Makueni County.

Appendix G: NACOSTI Permit

**THIS IS TO CERTIFY THAT:
MR. PETER MAKAU MULE
of TANGAZA UNIVERSITY COLLEGE ,
0-100 NAIROBI,has been permitted to
conduct research in Makeni County**

**on the topic: RELATIONSHIP BETWEEN
ALCOHOL USE DISORDER AND LOW
SELF-ESTEEM AMONG EMERGING ADULT
IN KATHZWEWI LOCATION, MAKUENI
COUNTY**

**for the period ending:
11th June,2019**

**Applicant's
Signature**

**Permit No : NACOSTI/P/18/14384/23060
Date Of Issue : 13th June,2018
Fee Received :Ksh 1000**



S. M. M. B.
Director General
**National Commission for Science,
Technology & Innovation**

Appendix H: Makueni County commission's Permit

REPUBLIC OF KENYA



GOVERNMENT OF MAKUENI COUNTY OFFICE OF THE GOVERNOR

Tel No.: 020-2034944
Email: county.secretary@makueni.go.ke
contact@makueni.go.ke
web: www.makueni.go.ke

Makueni County
P.O. Box 78-90300
MAKUENI

Our Ref: ADM/12/VOL.II/(69)

Date: 14th November, 2016

TO WHOM IT MAY CONCERN

RE: AUTHORITY TO CARRY OUT A RESEARCH

Mr. Mule Peter Dominic Makau ID No. 7946556 is a student in Tangaza University College and is doing a research on perception of youth employability skills by employers in Makueni County, Kenya.

Please accord him the necessary assistance in collecting data for his research paper.

A handwritten signature in blue ink, appearing to read 'EM'.

Everlyne Mueni
Assistant Director

HUMAN RESOURCE MANAGEMENT

Appendix I: Makueni County Education Permission

REPUBLIC OF KENYA

Tel: 044-33318
FAX: @gmail.com
Email: cdemakueni@gmail.com
When replying please quote



County Director of Education Office,
P.O. Box 41,
MAKUENI.

MINISTRY OF EDUCATION

STATE DEPARTMENT OF EDUCATION

MKN/C/ED/5/33 VOL 11/96

28th June 2018

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION FOR (PETER MAKAU MULE)

This is to confirm to you that Peter Makau Mule has been authorized to carry out research as per letter dated 13th June 2018, Ref No. NACOSTI/P/18/14384/23060 on “Relationship between alcohol use disorder and low self-esteem among emerging adult in Kathonzweni Location, Makueni County,” for the period ending 11th June, 2019.

You are however expected to ensure that you conduct the exercise professionally.

Kindly give him all the assistance required.

Gladys Malonza

for County Director of Education

Makueni.



Cc. County Commissioner
Makueni



Appendix J: Kathonzwani Location Education Permission Letter

MINISTRY OF EDUCATION

Office of the Sub County Director of Education - Kathonzwani Sub-County

State Department of Early Learning and Basic Education

Telegrams: "Kathoedu"
Telephone:
E-mail: deokathonzwani@gmail.com
When replying please quote



SUB COUNTY EDUCATION OFFICE,
KATHONZWANI SUB COUNTY,
P.O. BOX 103-90302
KATHONZWANI.

3rd July 2018

TO: WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR (PETER MAKAU MULE)

The above named person is a student of Tangaza University College. He is undertaking his research on: "**Relationship between alcohol use disorder and low self-esteem among emerging adult in Kathonzwani Location, Makueni County.**"

By a copy of this letter, permission is granted to him to access the schools he has sampled to visit.

ASSISTANT DIRECTOR OF EDUCATION
KATHONZWANI SUB-COUNTY
P. O. BOX 103-90302
KATHONZWANI


MUTISO J.K
SUB-COUNTY DIRECTOR OF EDUCATION
KATHONZWANI SUB-COUNTY

Cc
County Director of Education – Makueni

ISO 9001:2008 CERTIFIED



Appendix K: Plagiarism Report

