



Alcohol consumption and reproductive health risks in rural Central Kenya



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ABSTRACT

Objective: The goal of the current study is to explore the perceived reproductive health risks associated with alcoholism from the perspective of rural communities in Kenya where abuse of illicit liquor especially among men has become an epidemic.

Methods: Data for the study were gathered qualitatively through focus groups among community members and in-depth interviews with opinion leaders and key informants who were selected through a snowball method. All recorded data were analyzed through constructivist and interpretive techniques, which started with a line-by-line examination of transcripts for identification of emerging themes.

Results: Rural communities are aware of the lethal nature of the illicit liquor and the severe reproductive health problems associated with it among male consumers. Alcoholism also affects women's sexual and reproductive needs and is attributed to risky sexual behaviors in alcohol-discordant relationships, which puts them at a higher risk of HIV infection.

Conclusions: Results indicate a need to address alcoholism in rural Kenya as a public health problem focusing on education and understanding of the long-term health consequences. Addressing the impact on male reproductive health is crucial because it impacts the wider community. Given the complex relationship between alcohol abuse and HIV/AIDS, it is also important for prevention interventions to target married women and non-alcohol consumers. Furthermore, engaging communities will ensure development of culture- and gender-specific interventions. Such engagement requires facilitation of health practitioners for development of meaningful community-based initiatives.

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Introduction

Substance abuse is one of the risk factors for sexually transmitted diseases (STDs) including HIV and other reproductive tract infections. Within the African context the most commonly used substance is alcohol, which has been directly attributed to the rapid spread of HIV/AIDS [1,2]. In Kenya, where the National AIDS Control Council and National AIDS (NACC) and National AIDS and STI Control Programme (NAS COP) estimate about 1.6 million people living with HIV and an adult prevalence rate that stands at 6.2% [3], excessive alcohol consumption has been identified as a growing public health concern [4]. The National Agency for the Campaign against Drugs and Alcohol (NACADA) reports the current usage of alcohol (i.e. consumption in the past 30 days) among persons age 15 to 65 years to be more than 14.5%, among them 22.9% male and 5.9% female. This is an increase from 2004 when only about 15% of annual alcohol consumption by persons age 15 years and older was reported [5]. Because of the importance of

improving reproductive health, including prevention of HIV and other STDs, the relationship between acute alcohol intoxication and failure to use condoms or other risky sexual practices has been a key area of research focus.

The goal of the current study is to explore the perceived reproductive health risks associated with alcoholism from the perspective of rural communities in Kenya where about 80 percent of the population resides. Though substance abuse problems are countrywide, rural Central Kenya is most affected by excessive consumption of second-generation alcohol. This is unrecorded alcohol that constitutes traditional and illegal beverages made from sorghum, maize or millet, but contains methanol and adulterants such as car battery acid, formalin among other impurities and it is poorly monitored for quality and strength [5]. Consumption of this alcohol has been attributed to many fatalities, which has attracted international attention as a public health problem [6]. Prevention interventions implemented at the national level, which includes public communication through mass media and implementation of law and policies to prevent supply collaboratively with the police force, have failed to impact alcohol consumption behavior.

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Based on the culture-centered approach that emphasizes community engagement in defining health problems and development of culture-specific solutions [7], the current study postulates that addressing alcoholism from a public health perspective would yield better outcomes. The Institute of Medicine [8] defines public health as “what we, as a society, do collectively to assure the conditions for people to be healthy” (p.19). Such conditions may include social, environmental and behavioral factors associated with health issues as impacted communities perceived them.

Impact of alcohol consumption on reproductive health

The relationship between alcohol consumption and reproductive health is documented throughout history. In their review, Cook and Clark [1] reported a 1901 study in the *Journal of the American Medical Association* (JAMA, 2001) which concluded that “alcoholic indulgence was related to over half of newly diagnosed syphilis infections” (p.156). Alcohol consumption is a primary factor associated with STDs because of its effects on behavior and sexual arousal [9] and it is linked to unsafe and unprotected sex, multiple partnering, commercial sex and sexual violence [10] all of which could result in unintentional pregnancies and contraction of STDs.

There is evidence that alcohol consumption affects male reproductive health, the sexual drive, and performance. For instance, alcohol lowers blood levels of the sex hormone that regulates male sex drive [11], therefore affecting the body's sex response. Emanuele & Emanuele also report the association between alcohol use and low testosterone and altered levels of additional reproductive hormones [12]. In their study, alcohol consumption in male rats affected their reproductive ability and the health of their offspring, which is attributed to alcohol metabolism, alcohol-related cell damage, and other hormonal reactions associated with alcohol consumption. Moderate acute intoxication also has been found to have effects on motivation to have safer sex [13] and to sexual response. As noted in Shakespeare, “. . . [alcohol] provokes the desire but takes away the performance” [14]. Additionally, testosterone is immunosuppressive and alcohol exposure suppresses the immune response [15] and increases vulnerability to infections among consumers.

Reproductive health problems in Kenya have been previously reported particularly in relation to the high rates of infertility caused by sexually transmitted infections (STIs) [16]. For instance, rural research has indicated that sexual and reproductive health is a taboo topic [16] and that getting a girl pregnant or contracting a treatable STD in some communities is considered masculine [17]. The focus on men's reproductive health has, however, not received adequate attention except in HIV/AIDS context. With the onset of second-generation alcohol in Central Kenya it is important to examine consumers' perspectives on the severity of the problem and how it affects their sexual and reproductive health. This understanding is particularly important in rural communities with predominantly low health literacy and where rates of HIV and other STIs are higher than national average.

Method

Data collection was conducted in Central Province, Kenya, following the Institutional Review Board (IRB) approval on research involving human subjects. Seven focus-group discussions were organized (four male and three female groups) with a total of 60 participants (30 men and 30 women) and an age range of 25–57 years who were selected from community organizations including churches, women's groups, and men's groups. To recruit participants, one volunteer was asked to select 8 to 10 others to

participate in the study. One male group was too large and was divided into two groups. None of the group participants had formal employment although one man owned a small pharmaceutical shop. Two of the oldest men had recently retired, one from teaching elementary school and the other from a clerical government job. All women identified as non-alcohol consumers while all men identified as consumers but two of them did not consume second-generation alcohol. Participants were required to be sober to participate in the study.

In addition, 12 in-depth interviews were conducted among key informants (eight males and four females) who were selected based on a snowball method that was initiated from the focus group and from other interviews. Those interviewed self-identified professionally as follows: official from NACADA (1); community health professional (1); government administrators (2); sociologist and researcher (1); and a media professional/journalist (1). Other key informants that communities indicated as opinion leaders included: business owners/community leaders (2); religious leaders (2); and teachers (2). Although five males were either observed or self-identified as alcohol consumers, none of them indicated consuming it excessively or as consumers of second-generation alcohol.

The researcher, who is bi-lingual, moderated focus groups and conducted in-depth interviews while the research assistant took notes and operated the recording devices. All focus groups and some interviews were conducted in Kikuyu language, a local dialect spoken in Central Kenya. Member-checking was done as part of the data collection process and it consisted of the researcher restating, summarizing or paraphrasing the information received from a respondent, which ensured that what was heard or written down is, in fact, correct [18]. For instance, the researcher would ask, “You stated that. . . did you mean. . .” to ensure proper meanings were captured. This was done continuously through the focus group discussions and it involved prompting for clarification where necessary.

Data translation was done simultaneously with transcription by two bi-lingual research assistants who were recruited from a local university. The researcher then read through the transcripts while listening to the recordings to ensure accuracy [19]. In order to keep the essence of the local language in the translation, any uncertainties in translation were discussed with the research assistants. In one instance a bi-lingual colleague, a Kikuyu native speaker, who was not involved in the research process, was also consulted.

All recorded data were analyzed through constructivist and interpretive techniques, an approach that Denzin [20] refers to as “thick description” because it gives rigor to qualitative analysis (p. 83). This approach assumes that methods which are open to refinement can illuminate how subjects construct reality with the aim of identifying the meaning people construct as they interact [21]. Analysis started with a line-by-line examination of all transcripts closely for commonly repeated phrases and statements. This analysis started with open coding, which involved identification of discrete concepts [22]. Color-coding method was then used to identify recurring themes from focus groups and in-depth interviews and results organized based on those themes while keeping in mind the research questions. The researcher and one research assistant coded information to ensure greater reliability and validity of data [23].

Results

Given the media attention on numerous alcohol-related deaths in Central Kenya, participants were asked to talk about the problem, specifically to describe the situation in their communities. Various themes emerged from the discussions that include partic-

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