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PREVALENCE OF ALCOHOL USE AMONG VICTIMS OF INTIMATE PARTNER VIOLENCE IN NYERI CENTRAL SUB-COUNTY, KENYA

Orione Mwangi Irungu[1], Waweru Muriithi[2] and Priscilla Mugambi[1]
1. Department of Counselling Psychology, School of Humanities, Africa Nazarene University, Kenya
2. Department of Psychology and Foundations, School of Education, Bomet University, Kenya
Corresponding Author's Email: irungu186@gmail.com

Abstract

Intimate partner violence (IPV) is one of the leading gender issues that has affected women for many years, leading to serious physical, psychological, emotional, economic, and social ramifications. Intimate partner violence, as noted in this study, is a major problem not only globally but locally. Various global studies, including those conducted in Kenya, have demonstrated a strong interlinkage between alcohol use and its contribution to widespread violence against victims. This study sought to investigate prevalence of alcohol use among victims of intimate partner violence in Nyeri central sub-county, Kenya. The study was based on two theories: the biopsychosocial model and socio-cultural theory. This study employed a descriptive survey research design, utilizing a random sampling technique to collect data from 110 respondents. The respondents comprised of adult males and females who were in previous or current intimate relationships. Data collection was done using questionnaires and focus group interviews. The tools were administered to 10 participants to test liability using Cronbach's alpha threshold, which scored at 0.80. The data collected was then analyzed quantitatively using IBM SPSS Statistics version 21. 0.Findings from the study indicated that different types of IPV were prevalent; economic abuse (76%), physical abuse (67%), sexual abuse including rape (65%), and physical abuse (64%). The study's findings indicate a significant prevalence of problematic alcohol use among intimate partners in Nyeri Central Sub-County, with 78% of respondents meeting the criteria for an alcohol use problem based on the CAGE questionnaire. The study recommends carrying out a review and strengthening existing gender-based violence (GBV) policies to explicitly integrate alcohol mitigation strategies. This should include community-based programs focused on reducing alcohol consumption, especially illicit brews, and addressing the underlying causes of IPV. The study further recommends the need for increased awareness and education community Campaigns.

Keywords: *alcohol use, intimate partner violence, prevalence*

Introduction

According to the World Health Organization (WHO, 2021), global and regional estimations indicate that 30% of women have experienced intimate partner violence or non-partner sexual violence. World Health Organization (WHO) defines violence as "violence that occurs between family members, intimate partners, friends, acquaintances, and strangers, and includes child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse. According to another study, men were more likely to perpetrate violence if they had low education, a history of child maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms, including attitudes accepting of violence, and a sense of entitlement over women (Jewkes, 2002). Global estimates indicated that about 1 in 3 (35%) of women globally have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2021).Evidence suggests that alcohol use increases the rate at which conflicts occur within the family system." (Jewkes, 2002).

According to the World Health Organization (WHO, 2024)"alcohol is associated with a risk of developing health problems such as mental and behavioral disorders, including alcohol dependence, and other major non-communicable diseases such as liver cirrhosis, some cancers,and cardiovascular diseases. Also noted in the same study is the reduction of cognitive and physical functions that impair self-control, resulting in reduced ability to resolve conflicts nonviolently." Globally, alcohol dependence was the most prevalent of the substance use disorders, with 100.4 million estimated cases (WHO, 2024).The disorders affect all facets of human life, including increased poverty, disease burden, mortality, and social disintegration, among other challenges. Chronic drinking results in liver cirrhosis, dementia, diabetes, heart failure, certain cancers and alcoholism. Alcoholism results in motor vehicle accidents, engaging in risky or unprotected sex, rape, suicide, violence, seizure, family breakdown and poor judgment.

Of all forms of gender-based violence (GBV), intimate partner violence (IPV) accounted for the most common form, which involved all physical, sexual, or psychological harms as well as controlling behaviors aggravated by a current or former partner. (Derek, 2016) reported that IPV contributed greatly to morbidity and death, and its consequences are dire, including unwanted pregnancies, sexually transmitted infections, miscarriages, unsafe abortions, stillbirths, premature labor, low birth weight, anxiety, and depression, among others. Most of the issues, however, remain unreported due to stigma and discrimination, coupled with protection related concerns. According to (Ann, 2016) intimate partner violence (IPV) was widespread throughout much of sub-Saharan Africa, with an overall prevalence of 36%, exceeding the global average of 30%. Poverty, war and conflict, harmful cultural practices such as female genital mutilation, and crime rates contribute to the high percentage of IPV in the sub-Saharan region. More women in Africa are subjected to lifetime partner violence (45.6%) and sexual assault (11.9%) than women anywhere in the world (Laura M., 2016). "In Sub-Saharan Africa, women showed several psychological disorders in response to intimate partner abuse, although both men and women manifest psychological symptoms in the aftermath of a physical altercation" (Ann, 2016). In addition, parents play multiple roles for their children, such as being role models and primary agents of socialization for their children; however, family breakdown usually results in deep psychological, behavioural, and social effects on the immediate family members.

In many settings, notions of masculinity are linked to frequent and heavy drinking (WHO, 2018). A review of masculinity and alcohol reported that alcohol use was associated with masculine norms, including strength, stamina, aggressiveness, competition and dominance, risk-taking, power, and self-confidence; the desire to conform to such norms was a major motivator for men's drinking (R. W. Connell, 2005; Derek M. Griffith, 2015). Alcohol industry marketing efforts (and product options) are often designed to appeal to certain notions of masculinity (e.g. strength, financial and sexual success) and increasingly femininity (e.g., being attractive, sociable, and empowered (WH O, 2018). The research emphasizes the ability to drink large quantities of alcohol and 'hold your liquor' as markers of masculinity and notes that alcohol is also used to lower inhibitions (Raewyn C, 2005; Michael K., 2008**).** These norms can be particularly powerful in certain social settings and elsewhere demonstrate links between increased alcohol use/harms and male-dominated institutions like fraternities, athletic teams (and events), the military, and law enforcement. (World Health Organization**,** 2018). At the same time, men often use alcohol to cope with shame or purposelessness related to their inability to achieve masculine ideals like providing for their family. (Derek M. Griffith, 2015**).** Social norms

around women's drinking vary more widely, with greater stigma attached to women's drinking in many settings. Of course, gendered norms interact with other factors: poverty, ethnicity, religion, and other context-specific norms shape drinking patterns and their consequences. (World Health Organization**,** 2018).

In another study by (Shannon et al., 2024), intimate partner violence (IPV) and mental health issues among young women in Nairobi County was highly prevalent. Specifically, its A study by Shannon Wood et al. (2024) examined the different forms of intimate partner violence (IPV) experienced by young women in Nairobi, as well as the associated mental health outcomes. The study found that IPV manifests in multiple forms, including physical, sexual, psychological, and socio-economic violence, with physical violence being the most commonly reported. The findings further revealed that IPV is strongly associated with mental health challenges, particularly depression, alongside other conditions such as post-traumatic stress disorder, bipolar disorder, and obsessive-compulsive disorder. The study also highlighted that many survivors are willing to seek help and that access to support services contributes to recovery and improved well-being.

In informal settlements of Kenya, intimate partner violence (IPV) has a higher prevalence than national and global averages and is associated with increased risk of depression and alcohol use. This study examined correlations of depressive symptoms and hazardous alcohol use among IPV survivors in Nairobi's informal settlements. According to Balaji (2025) "This cross-sectional secondary analysis of baseline data from a 2018 randomized controlled trial examined depressive symptoms and hazardous alcohol use among 352 IPV survivors in Nairobi's informal settlements. Logistic regressions examined associations between individual-level, partner-level, psychosocial (abuse recognition, self-blame), protective factors (self-efficacy and resilience), and depressive symptoms and hazardous alcohol use."

In a study conducted by the National Authority for the Campaign against Alcohol and Drug Abuse (NACADAA 2021), "Strong links were found between alcohol use and the occurrence of intimate partner violence in many counties. Statistics indicate that Kenya has some of the highest rates of sexual and intimate partner violence in the world. Most commonly, women are the victims of such violence." Research conducted by the Kenya Demographic and Health Survey "almost 54% of women aged between 15 and 49 have experienced physical violence in Kenya. The research also indicated that 34% of married women in Kenya had experienced physical or sexual violence compared to 27% for men." (KDHS, 2022). According to another study conducted by (NACADAA, 2022) "Alcohol was the most widely used substance (5.2%) followed by tobacco (3.2%) and cannabis (2.7%) in Kenya."

Objective of the Study

To establish the prevalence of alcohol use among victims of intimate partner violence in Nyeri Central sub-county.

Research Question

What is the prevalence of alcohol use among victims of intimate partner violence in Nyeri Central sub-county?

Literature Review

Prevalence of Alcohol Use in Relation to Intimate Partner Violence

The co-occurrence of alcohol use and intimate partner violence (IPV) is a significant global public health concern, with substantial empirical evidence highlighting their interconnectedness. Studies consistently demonstrate that harmful alcohol consumption, particularly by the perpetrator, is a pervasive risk factor for IPV across diverse populations and cultural contexts. Globally, WHO (2018) reported that alcohol use is one of the top five risk factors for non-communicable diseases and injuries worldwide, often exacerbating violent behaviors. While alcohol does not directly *cause* violence, it significantly increases the likelihood and severity of aggressive acts by impairing judgment, reducing inhibitions, and intensifying emotional responses (Heather, 2008).A systematic review by (Caroline E, 2007)found that alcohol use by either partner was associated with an increased risk of IPV, with perpetrator drinking showing a stronger and more consistent link to physical violence. Data from the Global Burden of Disease Study indicated that alcohol use disorders were a leading cause of disability-adjusted life years (DALYs) globally, affecting millions and having profound social consequences, including family breakdown and violence (GBD, 2018).

Regionally, in sub-Saharan Africa, the prevalence of alcohol-related IPV is particularly high, often influenced by socio-economic factors and prevailing gender norms. A study across 10 sub-Saharan African countries found that women whose partners drank alcohol were significantly more likely to experience physical or sexual IPV (Devries et al., 2013). This region faces unique challenges, including the widespread availability of unregulated alcohol and cultural practices that may normalize excessive drinking and male dominance (Izugbara & Ezeh, 2010). For instance, in South Africa, a study by (Jewkes, et al. 2002) identified men's heavy alcohol use as a key predictor of both physical and sexual IPV. The intersection of poverty, gender inequality, and substance abuse creates a potent environment for the perpetration of violence against women.

Locally, in Kenya, several studies underscore the alarming prevalence of alcohol use and its strong association with IPV. The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2019) reported that alcohol is the most commonly abused substance in Kenya, with a significant proportion of users being men. Data from the Kenya Demographic and Health Survey (KDHS, 2014) indicated high rates of physical and sexual IPV among women. Specific to Central Kenya, including Nyeri County, anecdotal evidence and reports from local agencies suggest a correlation between increased alcohol consumption and rising IPV cases (NACADA, 2016). Research in informal settlements in Nairobi has also found a higher prevalence of IPV linked to increased alcohol use among partners. These local studies collectively highlight that while alcohol does not directly cause violence, its pervasive use acts as a significant catalyst, exacerbating existing tensions and increasing the risk and severity of violence within intimate relationships across Kenya. The problem is particularly acute in areas with readily available cheap and unregulated alcohol.

Study Design and Methodology

Study Design: This study utilized a descriptive cross-sectional design to gather data regarding intimate relationships among adults.

Population of Interest: The target population consisted of adult males and females who were:

- Married
- Divorced
- Separated
- Widowed
- Cohabiting

These individuals were either in previous or current intimate relationships.

Sampling Procedure: To ensure a representative sample, a random sampling technique was employed. The steps involved in the sampling process included:

1. **Defining the Sample Frame:**
   A comprehensive list of adults in the community was compiled, ensuring it included individuals across various relationship statuses.
2. **Random Selection:**
   From this sample frame, 110 respondents were randomly selected to participate in the study. This random selection aimed to eliminate bias and enhance the generalizability of the findings.

Data Collection Methods: Data were collected using a combination of questionnaires and focus group interviews.

- **Questionnaires:** Administered to gather quantitative data on various aspects of intimate relationships.
- **Focus Group Interviews:** Conducted to gain deeper qualitative insights, allowing participants to discuss their experiences in a group setting.

Reliability Testing: To assess the reliability of the data collection tools, a pilot test was conducted with 10 participants. The reliability was measured using Cronbach's alpha, which achieved a score of 0.80, indicating good internal consistency.

Data Analysis: The collected data were analyzed quantitatively using SPSS version 21.0, providing statistical insights into the relationship dynamics among the respondents.

Findings

This study sought to establish the prevalence of alcohol use among intimate partners in Nyeri Central Sub-County in Kenya.

Prevalence of Different Forms of Intimate Partner Violence

The correlation of the effects of alcohol use to intimate partner violence, and finally effects of alcohol use on the onset and progression of mental distress. Using a 5-point Likert scale, where 0 is the least and 5 is the highest, the respondents were asked to mark according to the extent the abuse happens.

On intimate partner violence occurrence, the study had to establish the extent to which the violence happens and, on the below bar graph, it can be noted that the score is high on moderate, moderately high, high, and very high across all four forms of abuse and highest on sexual abuse, including attempted/actual rape for a moderately high score.

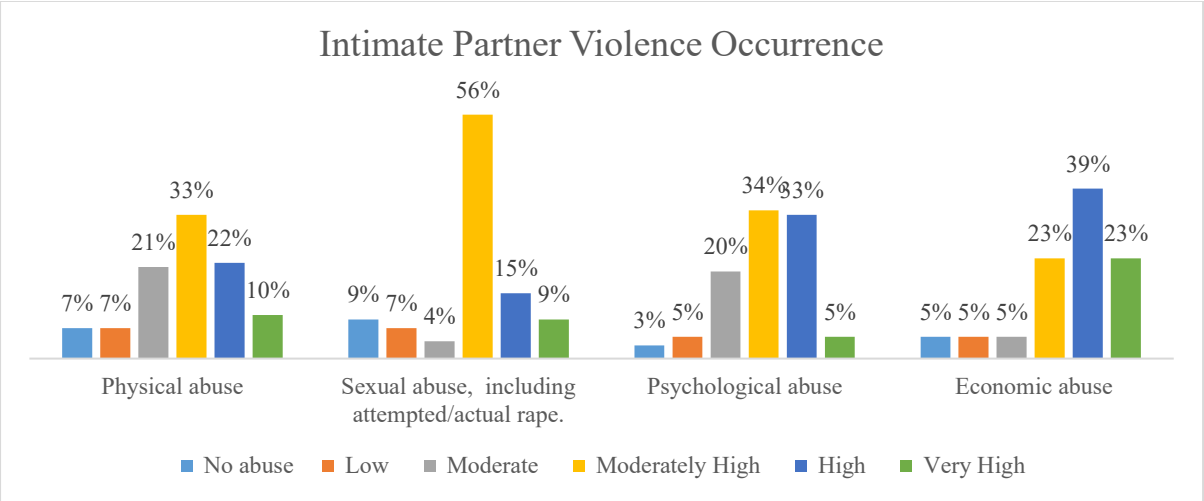

Figure 1: Intimate Partner Violence Occurrence

After converting out mean per form of abuse into percentages (mean/number of scale factors*100) the economic abuse was highest at 76%, psychological abuse at 67%, sexual abuse including attempted/actual rape at 65%, and physical abuse at 64%. This clearly shows that there is violence among intimate partners as shown on the table below.

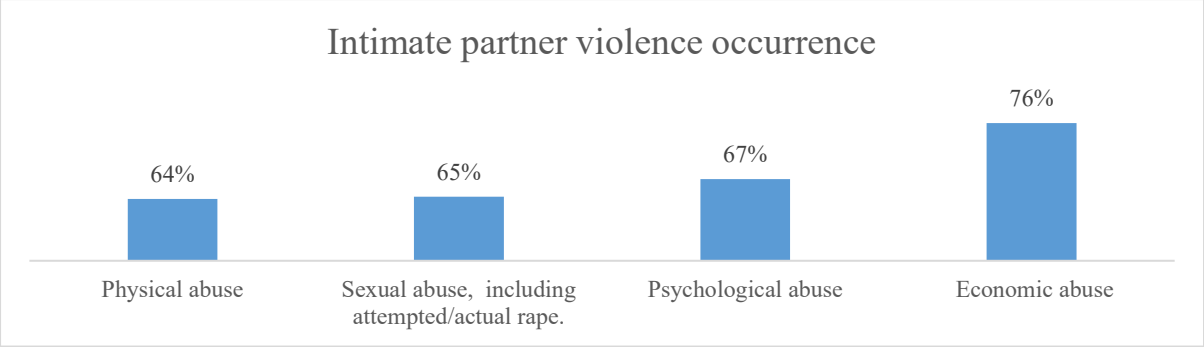

Figure 2: Conversion of Intimate Partner Violence Occurrence Means to Percentages

Prevalence of Alcohol Use Status

On this metric, the CAGE questionnaire was developed by Dr. John A. Ewing in the 1980s. It is widely cited in research and clinical settings for its effectiveness in screening for alcohol-related issues.

The **CAGE Scale** is a widely used screening tool designed to identify potential alcohol use disorders. It consists of four simple questions that focus on the following aspects:

1. Cut Down: Have you ever felt you should cut down on your drinking?
2. Annoyed**:** Have people annoyed you by criticizing your drinking?

3. Guilty: Have you ever felt guilty about your drinking?
4. Eye-Opener**:** Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

was used to measure the prevalence of alcohol among men in intimate partner violence. CAGE is a four-question method used to measure the extent of alcohol abuse. It was noted that the score was higher across all four questions led by Annoyed at 88%, while cut down and Guilty both tied at 81% and Eye-opener closed at 74% on those who said yes to these questions.

As shown above, with the score for each question, were to determine potential alcohol dependency or misuse levels. On this, the summed score for all four questions was categorized 0 and 1 as no or low alcohol dependence or misuse and 2 and above, as high alcohol dependence or misuse. Below is a pie chart to show the findings where 92% of our respondents were found to have High alcohol dependence or misuse while 8% had no or low alcohol dependence.

Figure 3: Alcohol Use Status (CAGE)

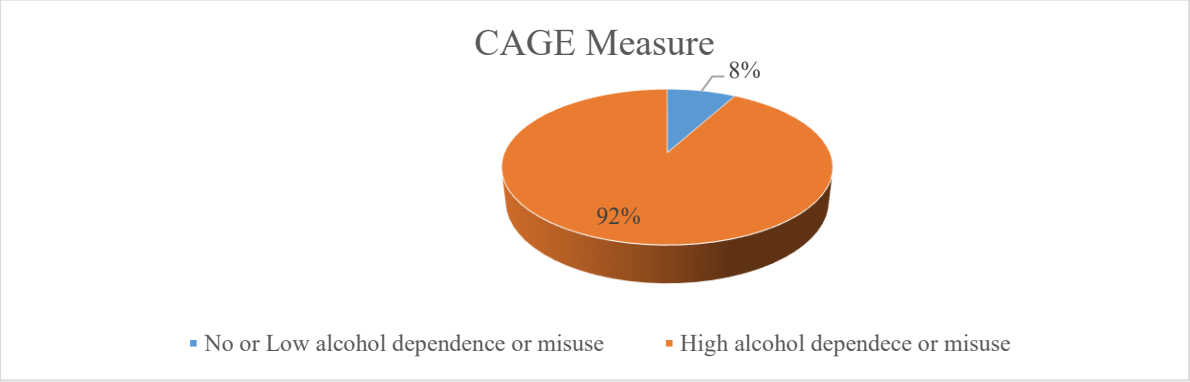

Figure 4: Cage Measure

Relationship of alcohol use on intimate partner violence

The researcher sought to establish if there is a correlation between various forms of abuse and alcohol dependence level. A correlation of these two metrics was investigated, noting that there

is a weak positive correlation between alcohol dependence level with all four forms of abuse, as can be seen in Table 1 below.

Table 1: Correlation Between Effects of Alcohol Use and Intimate Partner Violence

Correlations						
		Cage Measure	Physical abuse	Sexual abuse, including attempted/actual rape.	Psychological abuse	Economic abuse
Cage Measure	Pearson Correlation	1	.221*	0.117	0.112	0.039
	Sig. (2-tailed)		0.027	0.247	0.268	0.696
	N	100	100	100	100	100
Physical abuse	Pearson Correlation	.221*	1	.247*	.255*	0.045
	Sig. (2-tailed)	0.027		0.013	0.011	0.657
	N	100	100	100	100	100
Sexual abuse, including attempted/actual rape.	Pearson Correlation	0.117	.247*	1	.233*	0.106
	Sig. (2-tailed)	0.247	0.013		0.020	0.296
	N	100	100	100	100	100
Psychological abuse	Pearson Correlation	0.112	.255*	.233*	1	.299**
	Sig. (2-tailed)	0.268	0.011	0.020		0.002
	N	100	100	100	100	100
Economic abuse	Pearson Correlation	0.039	0.045	0.106	.299**	1
	Sig. (2-tailed)	0.696	0.657	0.296	0.002	
	N	100	100	100	100	100
*. Correlation is significant at the 0.05 level (2-tailed).						
**. Correlation is significant at the 0.01 level (2-tailed).						

The relationship between alcohol use and intimate partner violence (IPV) is well-documented, with alcohol often serving as a significant contributing factor to the occurrence and severity of IPV. Studies indicate that alcohol consumption impairs judgment, reduces inhibitions, and increases impulsivity, making individuals more likely to engage in aggressive behaviors. In the context of IPV, alcohol use by either partner is strongly correlated with physical, emotional, and psychological abuse. In this study, participants from Majengo slums reported that alcohol use was a frequent precursor to violent outbursts, with those in alcohol-affected households

more likely to experience IPV. The study's findings indicate a significant prevalence of problematic alcohol use among intimate partners in Nyeri Central Sub-County, with 78% of respondents meeting the criteria for an alcohol use problem based on the CAGE questionnaire. This aligns with broader national statistics from (NACADA, 2019, 2022) and KEMRI, which identify alcohol as the most abused substance in Kenya, particularly in Central Kenya. The high consumption rate among men aged 25-34 (NACADA, 2019) in the region further supports this prevalence.

Alcohol abuse was significantly correlated with physical abuse, suggesting that as alcohol dependence increases, the likelihood or severity of physical abuse increases. Sexual abuse, there is also a significant correlation between alcohol use and sexual abuse (0.117), meaning that alcohol dependence is slightly associated with this type of abuse among respondents. On psychological abuse, there is a weak correlation to alcohol use, thus little or no relationship in this context. Economic abuse has no significant relationship with alcohol use and financial abuse. As depicted by the negligible correlation and the non-significant p-value. The widespread nature of problematic alcohol use strongly correlates with the high prevalence of all forms of intimate partner violence (IPV) observed in the study. Economic abuse (76%) was the most reported form, followed closely by physical (67%), sexual (65%), and psychological (64%) abuse. These figures resonate with global and regional data highlighting IPV as a pervasive issue (WHO, 2021; Laura et al., 2016; KDHS, 2022). The statistically significant positive correlations between alcohol use and all forms of IPV (e.g., $r = 0.68$ for physical abuse) reinforce the conceptual framework, suggesting that alcohol acts as a significant exacerbating factor for violence. This is consistent with literature indicating that alcohol impairs judgment and increases aggression, making violent outbursts more likely (Foran & O'Leary, 2008; Smith et al., 2019). The high rates of both problematic drinking and IPV underscore a critical public health challenge requiring urgent attention in the study area.

On Physical Abuse and Sexual Abuse, there exists a weak but statistically significant positive correlation between physical and sexual abuse at 0.247, which therefore shows that these abuses occur together. In the relationship between physical abuse and psychological abuse, it was noted that there exists a statistically significant correlation between physical and psychological abuse, showing that the person who gets physical abuse is likely to get psychological abuse as well. In the relationship of sexual abuse and psychological abuse, again, a significant positive correlation was observed, indicating that sexual and psychological abuse coincide in most of the cases of IPV. For the psychological abuse and economic abuse, there was a fair and significant positive relationship between psychological and economic abuses, indicating considerable co-occurrence of these two types of abuses. Measuring the relationship between physical abuse and economic abuse, no significant relationship exists between physical and economic abuse, same as between sexual and economic abuse. To conclude on this, alcohol use is significantly related to physical abuse and thus should be a key area of emphasis for interventions focused on alcohol-related IPV.

Conclusion

The study concluded that alcohol use is highly prevalent among intimate partners in Nyeri Central Sub-County and is significantly correlated with the occurrence of all forms of intimate partner violence (IPV). This reinforces that alcohol acts as a major catalyst, intensifying the frequency and severity of abuse within relationships.

Recommendations

Based on the findings of this study, it recommends carrying out a review and strengthening existing gender-based violence (GBV) policies to explicitly integrate alcohol mitigation strategies. This should include community-based programs focused on reducing alcohol consumption, especially illicit brews, and addressing the underlying causes of IPV. The study further recommends the need for increased awareness and education community campaigns. This includes conducting targeted awareness campaigns on the detrimental effects of alcohol abuse and IPV, emphasizing healthy masculinity, responsible drinking, and respectful relationships.

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