

Effects of Alcohol Use Disorders On Family Social Well-Being in Imenti North Sub-County, Meru County, Kenya

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ABSTRACT: Globally Alcohol Use Disorder (AUD) among youths aged 15–24 is a growing public health concern that disrupts not only individuals but also the social well-being of their families. In Kenya the prevalence of Alcohol Use Disorder (AUD), especially among the youthful has become a national concern. In Imenti North Sub-County, Meru County, families experience emotional distress, social disruptions, and limited coping resources; however, interventions have primarily targeted the affected youths, often overlooking the family context. This study explored the effects of Alcohol Use Disorder on family social well-being in Imenti North Sub-County, Meru County, Kenya. Guided by the Stress Strain Coping Support model (Jim Orford) and Family Systems Theory (Murray Bowen), the study adopted a convergent parallel mixed-methods design. Data were collected from 30 family members using a researcher developed. Family Member Questionnaire (FMQ), as well as from 15 in-depth interviews and three focus group discussions. The FMQ demonstrated strong reliability (Cronbach's $\alpha > 0.80$). Findings revealed that families frequently experienced financial strain (76.7%), quarrels and conflicts (76.6%), and social isolation (70.0%), indicating significant social challenges on families associated with youth AUD. The study recommended the use of family and community involvement in interventions that would provide support and reduce stigmatization of families with a member affected by AUD.

KEYWORDS: Alcohol Use Disorder, social well-being, family conflict, social isolation, financial strain, Kenya

I. INTRODUCTION

Social well-being constitutes a critical dimension of family functioning as it reflects the quality of interpersonal relationships, the strength of social support systems, levels of community participation, and the sense of belonging experienced by family members. Keyes (2020) conceptualizes social well-being as encompassing positive social relationships, social integration, and meaningful participation in community life. However, Alcohol Use Disorder (AUD) among youths has been widely documented as a significant disruptor of these social dimensions, with far-reaching implications not only for the individual affected but also for the entire family system.

Globally, empirical evidence indicates that families living with individuals diagnosed with AUD frequently encounter strained familial relationships, diminished social engagement, and weakened support networks (Kelley et al., 2017). The erratic behaviors associated with alcohol misuse, including aggression, irresponsibility, and recurrent interpersonal conflict, tend to undermine trust and impede effective communication within the family unit (McCrady & Flanagan, 2021). As a result, affected families may withdraw from social interactions and communal activities due to fear of stigma and social judgment. Further research underscores the role of stigma in exacerbating social isolation among families affected by substance use disorders (Orford et al., 2013). Family members often report shame, blame, and discrimination, which discourages participation in community life and limits help-seeking behaviors. Similarly, Park and Schepp (2015) found reduced social connectedness and weakened integration within community support systems among affected families. Studies by Copello and Orford (2022) and Templeton et al. (2021) further demonstrate that prolonged exposure to alcohol-related family disruption significantly erodes social relationships and restricts access to social support resources.

Studies conducted in Kenya have reported significant psychological distress, stigma, and financial burden among family members affected by substance use disorders (Githae, 2019; Kabira, 2019; Ndeti et al., 2016; Othieno et al., 2015). These findings highlight that families experience emotional strain alongside socio-economic challenges arising from alcohol-related problems. Similarly, international research indicates that families experience anxiety, depression, and social isolation due to alcohol misuse, although many studies remain cross-sectional and limited in scope (Copello et al., 2006; Orford et al., 2013). Consequently, there

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remains a lack of comprehensive investigations exploring how parents, siblings, and spouses are affected over time (Githae, 2016). In the Kenyan context, where family cohesion and communal interdependence are central to social organization, youth AUD may lead to social exclusion, reputational damage, and reduced participation in communal activities. This study therefore sought to establish the effects of Alcohol Use Disorder on the social well-being of families affected by youth alcohol misuse.

II. LITERATURE REVIEW

This study was guided by the Stress–Strain–Coping–Support (SSCS) Model and Family Systems Theory (FST), which jointly explain how Alcohol Use Disorder (AUD) influences family social well-being. The SSCS Model conceptualizes AUD as a persistent stressor that produces strain within family members, leading to emotional distress, reduced coping capacity, and impaired social functioning (Orford et al., 2010). Continuous exposure to alcohol-related problems often results in stigma, withdrawal from social networks, and reduced participation in community life. In contrast, Family Systems Theory (Bowen, 1978) views the family as an interdependent emotional unit in which dysfunction in one member affects the entire system. From this perspective, AUD disrupts family roles, communication patterns, and relational boundaries, leading to conflict, weakened cohesion, and reduced engagement in social and community activities. Together, these theories demonstrate how AUD undermines both internal family functioning and external social integration, thereby affecting social well-being.

Social well-being refers to the quality of relationships and the extent of engagement within family and community networks (Keyes, 1998; WHO, 2022). In families affected by AUD, it is often eroded through stigma, strained relationships, and progressive withdrawal from social participation. Evidence from global studies shows that AUD significantly disrupts family social functioning across different contexts. Haugland et al. (2020) found that parents of adolescents with problematic alcohol use often withdraw from community activities to avoid stigma and social judgment. Similarly, Serec et al. (2012) reported that families in Europe and North America reduce participation in extended family gatherings and social events, thereby limiting access to informal support systems. Orford et al. (2013) further observed that siblings of individuals with AUD may experience secondary stigma and peer rejection, which restricts their social participation. Collectively, these findings indicate that AUD weakens both intra-family cohesion and broader social integration.

In the African context, similar patterns of social disruption have been reported. Ssebunnya et al. (2020) found that families affected by alcohol misuse in Uganda experience withdrawal from communal activities and heightened stigma, leading to social isolation. Ndirangu (2021) also reported that negative community perceptions discourage families from attending or hosting social events, thereby reducing their social connectedness. Thomas et al. (2017) further emphasized that external stressors such as AUD disrupt marital, sibling, and intergenerational relationships, weakening overall family stability and social functioning. In addition, Ebrahim et al. (2024) found that substance use is associated with strained parent-child relationships and reduced parental monitoring, contributing to household-level social disruption. McCabe, Schepis, and McCabe (2025) similarly reported that children in substance-affected households experience emotional distress and impaired social functioning, highlighting the intergenerational nature of AUD impacts.

In the Kenyan context, Wanjiru (2018) found that alcohol-related conflicts during family gatherings often disrupt social events and lead to withdrawal from communal participation. Omondi and Kimani (2022) further reported increased family quarrels, neglect of social responsibilities, and reduced participation in cultural and religious activities among affected households, indicating weakened social integration. These findings align with broader evidence that stigma and alcohol-related disruptions continue to undermine family and community cohesion in Kenyan settings. Despite this growing body of evidence, McGovern et al. (2021) and Johnson et al. (2022) observe that most studies focus on individual-level outcomes, with limited attention to family-level social well-being, particularly within localized Kenyan contexts. This gap informed the present study, which examined the effects of Alcohol Use Disorder on the social well-being of families affected by youth alcohol misuse in Imenti North SubCounty, Meru County.

III. RESEARCH METHODOLOGY

The study used a convergent parallel mixed-method research design. This design was found appropriate because it integrated quantitative and qualitative data to provide a comprehensive understanding of the effects of Alcohol Use Disorder on family social well-being. The study was conducted in Imenti North Sub-County, Meru County, Kenya, specifically within the settlements of Majengo, Mjini, and Shauri Yako.

The target population comprised immediate family members of youths aged 15–24 years affected by Alcohol Use Disorder. Understanding the perspectives, challenges, and strategies employed by these family members provides valuable insight into family dynamics, the effectiveness of interventions, and policy recommendations aimed at addressing the psycho-social effects of AUDs. Among the 30 participants in the study, 18 (60%) were female and 12 (40%) were male, reflecting a slight over

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representation of females to capture a comprehensive understanding of the emotional, social, and coping experiences within families affected by AUDs.

Purposive sampling was used to identify participants with direct experience of Alcohol Use Disorder within their families. Thirty respondents participated in the quantitative phase of the study, while qualitative data were collected through in-depth interviews and Focus Group Discussions. Chiefs and assistant chiefs played a key role in identifying eligible respondents due to their familiarity with community dynamics. To enhance accurate identification, the researcher conducted psycho-education sessions to equip them with knowledge on recognizing symptoms of AUD. Their involvement improved access to the target population and strengthened the recruitment process. Consequently, the selected participants were relevant to the study objectives. For the quantitative strand, this final sample size of 30 family members was considered adequate. The participants were equally distributed across the three settlements, with 10 respondents from each area. This distribution ensured balanced representation within the study setting.

This study collected primary data from immediate family members of youths aged 15–24 years struggling with Alcohol Use Disorder (AUD) in Imenti North Sub County, Meru County. Since self-reported experiences and perspectives were crucial to this study, questionnaires and interviews were the most appropriate data collection tools. To obtain quantitative data, this study utilized the Family Member Questionnaire (FMQ), administered to 30 immediate family members. In-depth interviews involved 15 respondents: nine family members (three from each settlement) and six local government administrators, specifically a chief and an assistant chief. The administrators participated exclusively in interviews, providing institutional and community-level perspectives. FGDs included 15 family members who had earlier completed the Family Member Questionnaire (FMQ). These respondents were purposively selected from the pool of 30 FMQ respondents and organized into three groups: five male family members, five female family members, and five elderly caregivers. This categorization ensured cultural appropriateness and provided safe spaces for open discussion.

Quantitative data were analyzed using SPSS Version 28. Descriptive statistics, Pearson's correlation analysis, and multiple regression analysis were used. Qualitative data were analyzed thematically. To examine the relationship between the severity of AUD and psycho-social outcomes, Pearson's correlation coefficient was used to examine associations between continuous variables; and Multiple regression analysis to determine the predictive strength of AUD indicators on various dimensions of psycho-social well-being, including emotional distress, social functioning, and coping mechanisms. Qualitative data, including open-ended questionnaire responses and interview transcripts were analyzed using a thematic analysis approach to identify recurring patterns and categories related to emotional distress, social support experiences, and coping strategies. This process involved initial coding, the development of categories, and the generation of overarching themes through constant comparison and iterative refinement,

IV. RESULTS AND DISCUSSION

The data from the FMQ highlights the significant social effects of Alcohol Use Disorder (AUD) on affected households. Overall, the findings indicate that AUD profoundly disrupts family social well-being through interrelated challenges including social isolation, financial strain, and family conflict. From avoidance of social gatherings to increased economic burden and persistent quarrels, the results underscore the pervasive nature of alcohol-related difficulties within the family system.

Social isolation emerged as a dominant theme. A cumulative 70% of respondents indicated that they frequently experienced feelings of exclusion due to shame or stigma, while 73.4% reported often or always experiencing loss of friendships or diminished community respect. These findings demonstrate that families of individuals with AUD frequently encounter social stigma and reduced support, which negatively affects their emotional well-being and interpersonal relationships. This sense of alienation was also reflected in qualitative responses, such as: "Even church members treat us differently now. It's like we're all the problem," (S3 respondent). These experiences illustrate how stigma extends beyond the individual with AUD to affect the entire family unit, reducing their sense of belonging and community integration.

Closely linked to this, 56.7% of respondents reported that they often or always avoided attending family gatherings due to the relative's alcohol use. This avoidance reflects the erosion of traditional support systems and may be attributed to stigma, shame, and repeated negative experiences in family interactions. One participant noted, *"Every family meeting ends in fights or someone being drunk. It's easier to stay away,"* (S1 respondent).

Such withdrawal from communal spaces indicates increasing social isolation and weakening of family cohesion, consistent with Family Systems Theory, which posits that dysfunction in one member disrupts the entire family system.

Family conflict was also highly prevalent, with 76.6% of respondents reporting frequent quarrels related to alcohol use. These conflicts often arose from confrontations with the individual using alcohol and contributed to strained relationships and emotional exhaustion.

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One participant explained, *"We fight about him every day; who should talk to him, who should pay for what he broke,"* (FGD 3).

These findings suggest that chronic conflict contributes to instability within the household, reinforcing cycles of stress and relational breakdown. Disruption of family events further compounded this instability, with 66.7% of respondents indicating that celebrations and milestones were often ruined due to alcohol-related incidents. For instance, respondents reported occasions such as birthdays and graduations being disrupted by fighting and intoxicated behavior, leading to embarrassment and emotional distress. These findings align with Orford et al. (2010), who observed that alcohol dependence contributes to chronic conflict, breakdown of family roles, and emotional strain within households.

Financial strain emerged as one of the most significant consequences of AUD, with 76.7% of respondents reporting that alcohol-related issues imposed a major economic burden on their households. This included loss of income, treatment costs, and mismanagement of household resources.

One participant recounted: *"He sold household items to drink. We had to sleep on the floor for weeks,"* (FGD 2).

This demonstrates how AUD can destabilize household economic functioning, thereby intensifying social and relational stress. The Family Systems Theory further explains this disruption by highlighting how individual behavior can destabilize the entire family unit, resulting in emotional cutoff and loss of functional equilibrium.

The interrelationship between these challenges was further evident in the statistical findings. Frequent quarrels and financial strain recorded the highest mean scores ($M = 4.13$, $SD = 0.96$; $M = 4.10$, $SD = 1.11$ respectively), indicating that these were the most prevalent social consequences of AUD. Social isolation also recorded a high mean score ($M = 3.87$, $SD = 1.16$), reflecting widespread experiences of stigma and withdrawal from social networks. Correlation analysis revealed strong positive relationships among variables, with financial strain showing the strongest association with frequent quarrels ($r = 0.72$), while social isolation strongly correlated with avoidance of gatherings ($r = 0.65$). These findings suggest that the social consequences of AUD are not isolated but mutually reinforcing, where one challenge exacerbates others.

Regression analysis further confirmed these relationships by identifying financial strain as the strongest predictor of family social well-being ($\beta = 0.408$, $p < 0.001$). This was followed by frequent quarrels, social isolation, and disruption of family events. The model was statistically significant, indicating that AUD affects family social wellbeing primarily through economic hardship, relational conflict, and weakened social networks. These findings reinforce the view that the impact of AUD is multidimensional and deeply embedded within family systems.

Overall, the findings corroborate previous research. Orford et al. (2010) and Ray et al. (2016) similarly found that alcohol dependence leads to chronic conflict, financial instability, and disruption of family functioning. Additionally, Obot and Room (2005) highlight that stigma-induced isolation and emotional exhaustion are common in families affected by AUD, while Kelley et al. (2015) note associated psychological distress including intrusive thoughts and sleep disturbances. The findings of this study therefore confirm that AUD significantly undermines family social well-being through interconnected social, emotional, and economic pathways.

V. CONCLUSION

Based on the findings made, the study can conclude that the presence of Alcohol Use Disorder (AUD) in a household significantly impairs social functioning. This study revealed that family members of individuals struggling with AUD often experience various social challenges, including isolation, strained relationships, disrupted events, and financial stress, all of which erode their broader psycho-social well-being. Regression analysis of the social well-being indicators highlighted that financial strain emerged as the most significant predictor of social disruption among families, with a strong and statistically significant effect ($\beta = 0.416$, $p < 0.001$). Many respondents indicated that managing the consequences of AUD had led to depleted savings, increased debt, or dependence on extended family for financial support. This economic burden not only causes stress but also limits the family's ability to participate in social life, perpetuating exclusion and resentment.

Frequent quarrels within the household ($\beta = 0.329$, $p = 0.002$) and social isolation ($\beta = 0.288$, $p = 0.005$) were also strong predictors of deteriorating social well-being. Interviews captured the intensity of conflict within homes, often marked by arguments, emotional outbursts, or silent withdrawal. Families described a sense of walking on eggshells, avoiding social gatherings to prevent embarrassment or conflict. Additionally, disruption of family events ($\beta = 0.247$, $p = 0.010$) and avoidance of gatherings ($\beta = 0.164$, $p = 0.068$) contributed to the social breakdown, even if their statistical strength was comparatively lower. Events like birthdays, holidays, and weddings, usually moments of connection, became sources of dread or embarrassment. Several respondents shared painful stories of weddings or family meetings being disrupted by the intoxicated relative, further eroding the family's social confidence and standing.

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Loss of friendships ($\beta = 0.139$, $p = 0.099$) was also common, with many respondents reporting that their social networks had grown smaller or more distant over time. The stigma surrounding AUD, coupled with the unpredictability of the drinker's behavior, made it difficult for families to maintain connections, leading to a sense of isolation and abandonment. From the perspective of the Family Systems Theory, these findings emphasize that when one family member is entrenched in AUD, the family's broader relational system is destabilized. The family, as an emotional and social unit, becomes constricted and inward-looking, often closing itself off from extended networks in a bid to contain shame, manage conflict, and preserve internal stability. This pattern was evident in multiple narratives. Families reported pulling away from the community, either because they feared judgment or because they simply lacked the energy to maintain external relationships.

Socially, the disorder fractured the family's internal and external networks. Families experienced social withdrawal, loss of respect within the community, and disruptions in social support. Some respondents reported being avoided by neighbors, losing friendships, or becoming isolated due to the shame associated with their relative's alcohol problem. This mirrors existing literature that highlights the stigma-by-association often carried by families of individuals with substance use disorders (Orford et al., 2013). In some cases, social disintegration extended into the nuclear family itself, marriages strained to the breaking point, and children became emotionally detached or rebellious.

The study concludes that Alcohol Use Disorder has substantial negative effects on family social well-being in Imenti North Sub-County, Meru County. AUD contributes to social isolation, family conflicts, disruption of family events, loss of social support, and financial instability. The findings demonstrate that the effects of AUD extend beyond the individual user and significantly undermine family cohesion and community relationships. Moreover, the findings challenge policymakers, health professionals, educators, and community leaders to move beyond individual-based interventions and to embrace family-centered support models that acknowledge the interdependence of family members. Only by addressing the emotional and social health of the family as a whole can we hope to mitigate the long-term social consequences of AUD.

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