

# **CULTURAL INFLUENCE ON HEALTH-SEEKING BEHAVIORS AMONG KENYAN WOMEN WITH ALCOHOL USE DISORDER (AUD)**

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**Date of Publication: May 2025**

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## **ABSTRACT**

**Purpose of Study:** This qualitative systematic review examines how these cultural and social dynamics influence help-seeking behaviors among Kenyan women with AUD, drawing from peer-reviewed studies published between 2014 and 2024.

**Problem Statement:** Alcohol Use Disorder (AUD) among women in Kenya is more than a health concern; it is a deeply rooted issue shaped by cultural expectations, gender norms, and systemic inequalities.

**Methodology:** The articles were systematically assessed, and a general trend was observed within the Kenyan women's population.

**Findings:** The findings reveal a layered reality: women who drink often face harsh judgment, stigma, and social invisibility, largely due to traditional beliefs that associate femininity with caregiving, self-sacrifice, and moral virtue. Many women shoulder significant family responsibilities without adequate support, especially from partners or extended family, which further limits their ability to seek help. Treatment options are also lacking. Services rarely account for women's specific needs, and mental health support is often poorly integrated into substance use care. Religious institutions present a dual reality, offering comfort and connection for some, while reinforcing shame and stigma for others.

**Conclusion and Recommendation:** This review highlights these issues and further suggests the urgent need for culturally sensitive, gender-responsive interventions that reflect women's lived experiences. By addressing stigma, expanding access to care, and building supportive community networks, we can foster a more inclusive and compassionate approach to AUD recovery. These will offer guidance for shaping mental health and substance use policies across Sub-Saharan Africa.

**Keywords:** *Help seeking behavior, Alcohol use disorder, Cultural influences*

## **INTRODUCTION**

Culture in psychology serves as a framework that enables individuals to interpret their social world by providing a set of norms and practices that guide their behaviors and decision-making processes (Berry, 1997). One area significantly influenced by cultural norms is alcohol consumption, particularly concerning Alcohol Use Disorder (AUD). AUD is a chronic condition characterized by an inability to regulate alcohol intake, leading to both physical and psychological dependence. Individuals with this disorder often persist in drinking despite adverse consequences, including health complications, strained relationships, and diminished social and occupational functioning. Common symptoms include cravings, increased tolerance, and withdrawal effects when alcohol consumption is reduced or ceased (American Psychiatric Association, 2020).

Research indicates considerable variation in alcohol consumption among women across African countries. For instance, a study by Roislien and Clausen (2011) reported that approximately 47% of Namibian women, 42% of Zambian women, 38% of Nigerian women, 30% of Botswanan women, and 20% of Ugandan women consume alcohol. Notably, alcohol consumption among women in Sub-Saharan Africa is rising, making it an essential factor in assessing health risks and health-seeking behaviors. In Kenya, recent data from the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2023) revealed that one in five males aged 15 to 65 years (2,511,763 individuals) and one in twenty females (687,356 individuals) were actively consuming alcohol. Furthermore, the prevalence of alcohol use was highest in the Western region (23.8%), followed by the Coast (13.9%) and Central (12.8%) regions.

Alcohol consumption and related disorders remain a pressing public health concern in Sub-Saharan Africa, with Kenya being no exception. Research in Murang'a County suggests that approximately 65% of individuals who consume alcohol exhibit symptoms consistent with AUD (Mungai & Midigo, 2019). Sociocultural norms and traditional gender roles significantly influence both the onset of AUD and help-seeking behaviors, particularly among women. In many Kenyan communities, women are primarily viewed as caregivers and nurturers, and deviation from these roles—such as engaging in alcohol consumption often leads to social stigma and internalized shame (Bepko, 1992; Wilsnack & Wilsnack, 1997). The burden of AUD is further compounded by its frequent co-occurrence with mental health conditions such as clinical depression, as observed in rehabilitation centers (Mwangi, Njiru, & Walioli, 2024). While stigma surrounding substance

use disorders is not unique to Kenya, the nature and intensity of cultural constraints create additional barriers to seeking treatment (Wilsnack et al., 2005).

Studies indicate that while women tend to initiate alcohol use at an older age compared to men, they often progress more rapidly from initial use to heavy drinking episodes and the onset of AUD (Agabio et al., 2016). Despite typically consuming lower quantities of alcohol, women experience similar severity in AUD symptoms as men (Agabio et al., 2021; Nayak et al., 2019). Moreover, women with AUD often present with more severe clinical courses, characterized by psychiatric comorbidities such as mood disorders (Guinle, 2020), stronger alcohol cravings, greater difficulty in quitting (Bold et al., 2019), and higher relapse rates in response to stress or substance-related cues (Guinle, 2020).

Cultural influences play a crucial role in alcohol consumption patterns in Africa, where drinking is often associated with social events such as weddings, naming ceremonies, and other communal gatherings. Ekeke and John (2023) argue that alcohol consumption is deeply embedded in African cultural heritage, leading to its widespread use and, in some cases, misuse. Despite the influence of Westernization, local cultural norms remain central to drinking behaviors (Nwagu et al., 2017). Additionally, a significant portion of alcohol consumed in Africa is unrecorded, as it is locally produced through the distillation of fermented malt grains (Nwagu et al., 2017b).

Help-seeking behaviour refers to the actions individuals take when they seek assistance or support to address their personal, emotional, or psychological needs. It can manifest in various ways, such as seeking professional help, talking to friends or family, or searching for resources like books or online content. The behaviour is often influenced by individual characteristics, social factors, and the perceived availability and effectiveness of help (Rickwood et al., 2005).

Several factors influence individuals help-seeking behaviour, including cultural attitudes, perceived stigma, and personal beliefs about the utility of help (Eisenberg et al., 2009). For instance, some individuals may be reluctant to seek help due to the stigma surrounding mental health issues, particularly in cultures that emphasize self-reliance or view mental health difficulties as a sign of weakness (Corrigan, 2004). Others may be inclined to seek help due to their social networks, prior experiences with mental health care, or positive attitudes toward seeking professional support. The type of help-seeking behaviour can vary based on the specific issue at hand. For instance, people are likely to seek medical assistance for physical ailments than for

psychological issues (Wang et al., 2007). This highlights the distinction between seeking help for different types of problems and how different forms of help may be perceived.

Help-seeking behaviors in relation to AUD and mental health concerns are shaped by multiple factors, as outlined in the Social Ecological Model. These factors include individual, interpersonal, community, and societal influences (Novak et al., 2023). When individuals experience severe distress, suicidal thoughts, or mental health challenges that they cannot manage alone, seeking professional intervention is critical (Vayro et al., 2023). However, self-reliance and support from family or friends may not always be sufficient, making professional help an essential component of recovery (Pan & Hao, 2023).

### **JUSTIFICATION OF THE STUDY**

Substance use among women is often a coping mechanism for managing social pressures and emotional distress (Becker & McClellan, 2017; Reed, 2017). Many women with substance use disorders experience discrimination, social isolation, and a persistent fear of relapse, which complicates their recovery journey (Livingston et al., 2012). Society dictates normative behaviors, and individuals who deviate from these expectations often face stigma and marginalization (Link & Phelan, 2001). This stigma is particularly pronounced for women with substance use disorders who are also mothers, as they are judged not only for their addiction but also for failing to meet conventional motherhood expectations (Bakos-Block et al., 2024).

Substance use disorders among women are associated with increased exposure to gender-based violence, diminished self-esteem, and heightened vulnerability to social challenges, including HIV/AIDS. According to the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA, 2017), approximately 28% of women of childbearing age in Kenya engage in binge drinking. Given these alarming statistics, examining the cultural influences on alcohol use among Kenyan women is crucial for understanding the psychological, social, and cultural factors shaping the help seeking behaviors. This research will contribute to the field of psychology by exploring the cultural issues (gender roles, societal expectations, and environmental stressors) in help seeking behaviour among women with AUD and facilitating the development of culturally responsive interventions.

Despite the high prevalence of AUD among Kenyan women, research has predominantly focused on general trends in alcohol consumption and its health consequences, with limited attention given

to cultural and gender-specific barriers to seeking treatment. Deeply entrenched cultural norms and gender roles exacerbate the stigma associated with both substance use and deviation from traditional feminine roles, further discouraging help-seeking behaviors (Heath, 1995). Research suggests that professional intervention is among the most effective means of addressing mental health challenges related to substance use (Hedge et al., 2017). However, multiple factors, including gender (Nagai, 2022; Shawcroft & Coyne, 2022) and professional background (Burns & Buchanan, 2020), influence individuals' attitudes toward seeking help seeking behaviors.

This study aims to conduct a cross-cultural analysis to: (1) identify cultural barriers that prevent Kenyan women from seeking treatment for alcohol use disorder (AUD), focusing on societal stigma and traditional expectations; (2) compare cross-cultural differences in help-seeking behaviors to better understand Kenyan women's experiences within a global context; and (3) promote the development of policies tailored to the specific needs of Kenyan women to improve help-seeking behaviors for AUD (Jaguga, 2022; Sharp & Atherton, 2006).

Research shows that women often experience higher levels of psychological distress than men, which strongly impacts their help-seeking behaviors (Mackenzie et al., 2006). Additionally, women tend to seek informal support from social networks more often than formal mental health services (Vogel et al., 2006). Understanding the complex relationship between cultural factors and mental health is crucial in developing effective prevention and intervention strategies that address the unique challenges faced by Kenyan women with AUD (Jaguga, 2022; Longres, 1990).

## **METHODOLOGY**

Following the results from this review, addressing these challenges requires a multifaceted approach, including the development of gender-sensitive treatment programs, increased access to care, and efforts to reduce stigma surrounding both alcohol use and mental health issues for women in Kenya suffering from AUD.

This study aimed to review existing literature to explore how cultural factors shape help-seeking behavior among Kenyan women with Alcohol Use Disorder (AUD). A comprehensive qualitative systematic review was conducted, incorporating searches from seven diverse academic journal databases. To ensure rigor and consistency, a predefined set of search terms and inclusion criteria was developed. Key search terms included Kenyan women, Alcohol Use Disorder (AUD), and cultural influence on help-seeking behavior. The inclusion criteria focused on three main aspects:

(a) the article's relevance to the study topic; (b) publication within the most recent decade (2014–2024) to maintain timeliness and relevance; and (c) inclusion of peer-reviewed sources to ensure high research quality.

Following the database searches, a meticulous multi-step screening process was employed. Initially, titles were evaluated, followed by abstract reviews and full-text assessments to ensure that each study met the established criteria. Data extraction from the selected articles allowed for the identification of key patterns, trends, and emerging insights on the subject. The review highlighted several contributing factors that maintain challenges in health-seeking behaviors among Kenyan women with AUD. These include prevailing social and cultural norms, family structure dynamics, stigma and gender-related challenges, limited availability of treatment services, and religious influences.

Based on these findings, a multifaceted intervention strategy is recommended. This strategy should include the development of gender-sensitive treatment programs, improved access to care, and targeted efforts to reduce the stigma associated with both alcohol use and mental health issues among Kenyan women affected by AUD.

## **FINDINGS AND DISCUSSION**

### **Social and Cultural Norms**

In many Kenyan communities, alcohol consumption is socially acceptable for men but heavily condemned for women, particularly when it disrupts traditional gender roles. This cultural double standard often leads women to hide their alcohol use out of fear of judgment from their families and communities (Mwangi & Gikonyo, 2021). As a result, women's struggles with alcohol often remain invisible, with many delaying or avoiding treatment due to the risk of social humiliation (Wilson et al., 2024). Patriarchal norms further aggravate this invisibility by equating female alcohol use with moral failure, thereby discouraging open conversations about addiction and limiting access to support services (Nyambura et al., 2022). Kariuki (2020) found that women, especially in rural areas, face intense pressure to conform to societal expectations of femininity, which increases their reluctance to seek help for alcohol-related problems. The study emphasized that increasing awareness is essential to creating safe and supportive pathways for women to access treatment for alcohol use disorders.

### **Family Structure Dynamics**

According to Munyao and Mwaura (2019), women's traditional roles as mothers and primary caregivers often make their alcohol use less visible and face pressure to prioritize family over their health. This societal expectation to prioritize family over personal well-being discourages many women from seeking help, as they fear being seen as neglecting their responsibilities. When women do attempt to access support, they frequently encounter resistance or indifference from spouses and family members, who tend to view their alcohol use as a moral failing rather than a health issue requiring professional intervention (Kariuki, 2020). Ndungu and Kiiru (2021) further highlight that women's willingness to seek help is significantly shaped by the presence or absence of social support especially from their families. Women embedded in supportive family networks were more likely to pursue treatment, whereas those who were the sole caregivers in their households often received little support, and their health needs were minimized in favor of family duties.

### **Stigma and Gender-Related Challenges**

The stigma associated with alcohol use among women in Kenya is key in influencing their help-seeking behavior. Women are often socialized to embody virtues of moderation, care, and nurturing, and as such, alcohol dependence can be seen as a failure of femininity. This social stigma is more pronounced in rural areas, where traditional values are more entrenched. Women are thus less likely to acknowledge their alcohol problems or seek help due to fear of being labeled as morally deviant (Mwangi & Gikonyo, 2021). This stigma is often compounded by lack of gender-specific treatment programs that understand the unique challenges faced by women, including issues such as childcare responsibilities or experiences of intimate partner violence, which may drive women to alcohol use (Ndungu & Kiiru, 2021). Similarly, the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) in Kenya highlights that only 25% of women with substance use problems access treatment facilities. This low engagement is attributed to several factors including family responsibilities, which are often not adequately addressed in traditional treatment programs.

### **Availability of Treatment Services**

Mental health services in Kenya remain underdeveloped, especially in rural regions where mental illness is often heavily stigmatized. This gap makes it difficult for women to access holistic



treatment that addresses both alcohol dependence and co-occurring mental health challenges (Munyao & Mwaura, 2019). Moreover, there is a general lack of awareness about the link between alcohol use and mental health, leading to these issues being treated in isolation rather than integrated (Ndungu & Kiiru, 2021). Munyao and Mwaura (2019) emphasize the importance of integrating mental health support into alcohol treatment programs to enhance help-seeking behavior among women with alcohol use disorders.

Although awareness of alcohol-related disorders among women is on the rise, there remains a critical shortage of facilities that address the unique needs of women (Kariuki, 2020). Many rehabilitation centers face issues such as overcrowding, inadequate funding, and the absence of gender-sensitive care. These shortcomings can discourage women from seeking help, particularly those juggling responsibilities like childcare (Mwangi & Gikonyo, 2021). Furthermore, there is a notable lack of mobile or community-based mental health services, making it even more difficult for women in remote areas to access the support needed to begin recovery (Munyao & Mwaura, 2019).

### **Religious Influences**

Otieno (2020) stated that religious groups, such as church-based support groups and Christian Alcoholics Anonymous, provide vital group therapy that integrates spiritual teachings with addiction recovery support. According to Ndungu and Kiiru (2021), these groups are accessible to women in rural areas who lack access to professional treatment centers. They focus on collective prayer, community support, and shared experiences, helping women feel less isolated and fostering a sense of solidarity and hope in their recovery journey.

On one hand, the religious community may provide structured networks that support recovery. For instance, faith-based outreach programs and prayer groups have sometimes been noted to encourage a sense of belonging and responsibility toward change among women with AUD (Elazia, 2021). On the other hand, when the predominant culture within these groups is one of condemnation, the resulting stigma may deter women from admitting their difficulties and seeking the help they need (Kaithuru & Stephen, 2015).

In several Kenyan communities, religious affiliation plays a key role in shaping moral values that discourage excessive alcohol consumption. For many women, active participation in religious practices and faith-based groups not only strengthens their spiritual foundation but also serves as



a vital source of social support and practical tools for addressing AUD. Research by Muturi and Khamis (2020), in Nairobi highlights that church-led programs and faith-based counseling initiatives can contribute significantly to recovery by providing peer encouragement and a trusted communal setting.

The findings of this review highlight the complex interplay of social and cultural norms, family structure dynamics, gender-related stigma, treatment availability, and religious influences on help-seeking behavior among Kenyan women with alcohol use disorders (AUD). These multifaceted factors underscore the critical need for gender-sensitive psychological interventions tailored to the lived experiences of women within the Kenyan context.

Social and cultural norms continue to shape perceptions around alcohol consumption, particularly along gender lines. In many Kenyan communities, alcohol use is not only tolerated but socially acceptable for men, while women who consume alcohol are often subjected to harsh moral judgment (Mwangi & Gikonyo, 2021). This double standard forces many women to conceal their alcohol use, delaying or entirely avoiding treatment to escape the shame and social repercussions that accompany such behavior (Wilson et al., 2024). Patriarchal systems further intensify this invisibility by equating female alcohol use with moral failure, effectively silencing women and creating barriers to open discourse and support services (Nyambura et al., 2022). Kariuki (2020) found that such societal pressures are particularly heightened in rural areas, where expectations surrounding traditional femininity remain strongly enforced.

Family structure dynamics also significantly influence women's ability and willingness to seek help. Women's conventional roles as primary caregivers often render their alcohol use less visible and add layers of guilt and obligation that hinder them from prioritizing their health (Munyao & Mwaura, 2019). This dynamic is aggravated when family members, particularly spouses, interpret alcohol use as a personal or moral failure rather than a medical concern requiring intervention (Kariuki, 2020). The presence or absence of familial support plays a critical role; women embedded in nurturing family networks are more likely to pursue treatment, whereas those without such support—especially single or sole caregivers—often find their health needs deprioritized (Ndungu & Kiiru, 2021).

Stigma and gender-related challenges are perhaps the most pervasive barriers to treatment. In Kenyan society, where women are traditionally seen as nurturers, alcohol dependence is viewed

not only as a failure of self-control but also as a rejection of femininity (Mwangi & Gikonyo, 2021). This stigma is particularly entrenched in rural communities and contributes to the silence surrounding women's experiences with alcohol. Moreover, the lack of gender-specific treatment programs—which fail to accommodate issues such as childcare responsibilities further discourage help-seeking (Ndungu & Kiiru, 2021). Notably, the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) reports that only 25% of women with substance use disorders in Kenya access formal treatment, a statistic that reveals significant gaps in service delivery and outreach. While the focus on gender-specific interventions is essential, some argue that a more holistic approach, considering individual circumstances beyond gender, may also be beneficial in addressing AUD effectively (Brighton Recovery Center, 2024). (Mathenge, 2016) recommended employment of community-based methods to enable the community to work out their own gender inclusive ways of reducing alcohol consumption.

In terms of the availability of treatment services, Kenya continues to grapple with an under-resourced mental health system, especially in rural areas where the stigma surrounding mental illness remains strong (Munyao & Mwaura, 2019). The scarcity of integrated treatment services that simultaneously address both alcohol use and co-occurring mental health disorders leaves many women with partial or ineffective support (Ndungu & Kiiru, 2021). This further complicates the shortage of community-based and mobile treatment options, which would otherwise mitigate barriers such as distance, and family obligations (Kariuki, 2020; Mwangi & Gikonyo, 2021). Rehabilitation centers also tend to lack the gender-sensitive approaches necessary to accommodate the unique needs of women, particularly mothers and caregivers.

Religious influences present a dual-edged impact. On the one hand, faith-based programs and church-based support groups offer accessible, supportive environments that blend spiritual teachings with group therapy, especially in regions with limited access to formal treatment (Otieno, 2020; Ndungu & Kiiru, 2021). These spiritual networks often promote solidarity, hope, and collective accountability among women, contributing positively to recovery outcomes (Elazia, 2021). On the other hand, religious teachings that emphasize moral condemnation of alcohol use may reinforce stigma and deter women from acknowledging their struggles or seeking help (Kaithuru & Stephen, 2015).

## **CONCLUSIONS**

These findings point to a critical need for psychological interventions that are culturally grounded and gender responsive. Such interventions should work to reduce stigma, increase community awareness, and actively involve families in the healing process. Integrating mental health services with alcohol treatment programs, offering mobile and community-based services, and promoting faith-inclusive yet nonjudgmental support structures could significantly improve help-seeking behavior among women. Finally, policy reform and training for treatment providers are essential in reshaping societal narratives around women's alcohol use and ensuring that treatment centers become safe spaces where women can begin their recovery journey without fear or shame.

## **RECOMMENDATIONS**

To address alcohol use disorder (AUD) among Kenyan women, policymakers should prioritize the development of gender sensitive, community-based treatment programs that acknowledge their unique social, cultural, and caregiving realities that women face. This includes integrating mental health services with alcohol treatments, expanding mobile and legal outreach initiatives, and providing childcare support within rehabilitation settings. Policies must also support public awareness campaigns that challenge stigma and harmful gender norms, while promoting help-seeking as a strength rather than a moral failing. Finally, trained healthcare providers on gender responsive care is essential to foster inclusive, nonjudgmental environments where women feel safe to access.

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