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Catholic Church Women's Participation in Health and Development in Africa: Reflection from Kenya

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ABSTRACT: Women play very vital roles in the church and society at large. The growth and development of the society depends on the active participation of women in all sectors of the society. However, this active participation is not fully achieved due to some societal barriers from within the community and the church. In such scenarios there is a need to explore such untapped capabilities explore their impacts towards the achievement of Sustainable Development Goals. In this respect, this chapter is a discussion of how women in the Catholic Church are contributing towards the achievement of good health, gender equality and ensuring availability and sustainability management of water and sanitation for all. The chapter is guided by the following two objectives: First, an investigation of the effects of alcoholism on health and development among women in the Catholic Church in Kenya and Secondly, an exploration of how Catholic women in Kenya are fighting alcoholism and its effects through various practical measures. To achieve this, the study depended on information from scholarly review of various books, journals and other assorted online resources. The chapter is divided into subthemes based on the objectives above.

KEYWORDS: Alcoholism, health issues, development, effects, Kenya, Catholic Church, Women.

INTRODUCTION

The effects of alcoholism are intensified by societal, cultural and religious expectations, making this a crucial issue to be studied. The World Health Organization (WHO) estimates that there are about 2 billion (33%) people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorders (WHO, 2009), making alcohol the most widely used and abused substance world over (Basangwa et al., 2011). Alcohol use has serious health and social effects, making its prevention and control a public health priority. According to WHO (2004), alcohol causes 1.8 million deaths (3.2% of total), one third (600,000) of which result from unintentional injuries. It also causes a loss of 58.3 million (4% of total) of Disability-Adjusted Life Years (DALY), of which 40% are due to neuro-psychiatric conditions.

According to the 2015 National Survey on Drug Use and Health (NSDUH), 86.4 percent of people aged 18 or older reported that they drank alcohol at some point in their lifetime; 70.1 percent reported that they drank it in the past year; 56.0 percent reported that they drank it in the past month. The world statistical data on alcohol consumption shows that there are about 140 million people globally who suffer from alcohol related disorders, and out of this number, it was noted by the World Health Organization (2014) that in 2012, 3.3 million deaths globally were related to alcohol consumptions; a trend that has been seen to persist to the present. In the United States of America, for instance, every year, there is an average of 88,000 deaths as a result of alcohol consumption. Additionally, Rehm, Mathers, and Popova (2009) indicated that alcohol consumption in the USA is the third-leading cause of death, and in the global platform, alcohol-related injury and diseases are responsible for an estimated 4% of mortality rates and 4-5% of lifetime disability. Women suffer from the effects of alcoholism's as victims or care givers of alcoholics.

Regionally, alcohol has remained a perennial social problem in many African countries, especially in sub-Saharan Africa. Ferreira, Borges & Parry (2016) observed that as the alcohol industry expands its commercial activities in Africa to increase sales, recent data points to the rising burden that this move will impose in terms of illness and mortality in the continent. The high prevalence of alcohol use is associated with negative consequences such as school drop-out, unprotected sex, infectious diseases and unintended pregnancies, draining of family resources, family breakdown, domestic violence and subsequent development of mental disorders. Similarly, Onya et al. (2012) stated that the prevalence rates for current alcohol use ranged between 22% and 26% in South Africa. Likewise, the prices of episodic drinking ranged between 14% and 40%, causing significant concern. Therefore, prompt a need to investigate on interventions measures that can be adopted to fight its consumption and its effects on health and development especially on women who are the family pillars.

In Kenya, alcohol use and subsequent abuse is increasingly socially acceptable hence disguising its true addictive nature. Findings from a national survey on Alcohol and Drug Abuse conducted by NACADA (2012) indicated that 30% of Kenyans between ages 15-65 consume alcohol, with 13.3% of Kenyans or 4 million people currently engaging in episodic drinking. Mureithi (2002) describes a report by NACADA (2014) that revealed how excessive alcohol use has been observed to effect on human health through social, family, legal, and economic problems. These included job absenteeism, accidents, low job satisfaction and decreased productivity at the workplace. Other problems include dementia, seizures,

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and liver disease leading to many deaths. For example, in 2010, Shauri Moyo and Laikipia regions each reported multiple deaths due from the consumption of poisonous liquor. Similar cases were reported in Mukuru Kwa Njenga and Mukuru Kaiyaba slums in Nairobi, where over 140 people either died or lost their sight. Likewise, Muranga (Muthithi and Kabati), Naivasha and Machakos reported such cases, demonstrating the extent to which the detrimental effects of alcohol abuse have affected society (Mureithi, 2002). Kaithuru & Asatsa (2015) reported that although there are legislative attempts to curb drinking in Kenya, alcohol abuse remains a threat. Therefore, creating a need for a solution in preventing and controlling alcohol abuse in Kenya, which increasingly threatens family stability.

Alcohol abuse in Kenya is affecting women greatly as they are key pillars in the family. Some women are alcohol addicts due to various family and social reasons, while others suffer the burden of their alcohol spouses where they end up being sole bread winners and care giver of their ailing alcohol addicts. Men and youth and even some women are addicted and some families have disintegrated. The adverse health effects of alcohol involve many body organs and tissues. Alcohol affects mental health, the liver, muscles, reproductive system and the gastrointestinal tract. Fetal Alcohol Syndrome affects children borne of alcoholic mothers. Other health problems incidental to intoxication include positional asphyxia and injuries. The social and economic effects of alcohol abuse on the other hand include family breakdown and loss of income, among other related effects. Such effects can be devastating for the affected families and neighborhoods (Kiriru, 2017). The Catholic Women hence are in search of ways of contributing towards the achievement of good health, gender equality and ensuring availability through various activities in the church. Therefore, the following sections will discuss the effects of alcoholism on health and development drawing case studies in Kenya and, explore how Catholic women in Kenya are fighting alcoholism and its effects in the society through practical measures.

A) EFFECTS OF ALCOHOLISM ON HEALTH AND DEVELOPMENT IN KENYA

This section will discuss effects of alcohol on women in the Catholic Church in Kenya with examples drawn from various studies done in Kenya. The effects discussed range from: health effects, developmental impacts, economic impact and spiritual impacts.

a) Physical Health and Mental Effects

Alcoholism has affected women in Kenya in achieving the sustainable goal of ensuring healthy lives and well-being for all. Excessive consumption of alcohol leads to liver damage (Cirrhosis). Alcohol metabolism of alcohol takes place in the liver. Heavy drinking may overwhelm the liver, causing other substances that undergo metabolism in the liver and accumulate in the bloodstream. This may result into the development of conditions such as cirrhosis or cancers. In addition, lipids maybe affected leading to hyperlipidemia. Alcoholic hepatitis is characterized by fever, elevated white blood cell counts and jaundice. This condition may subside with cessation but it can also progress in some individuals. Continued alcohol consumption may see it progress to liver cirrhosis and eventually death (Mason, 2001). Alcohol consumption among women in Kenya has led to impaired reproductive health and pregnancy related complications.

Alcoholism among women has brought severe negative effects when it comes to child care and upbringing. Not all children of alcoholic mothers have fetal alcohol syndrome (FAS) and not all have developmental or behavioural problems (Gemel, 2003). However, findings from the study in Korogocho slums in Nairobi by Ntalaml (2011) showed some emotional, behavioural and developmental problems of children with alcoholic mothers. Discussions and observations made from the focus group of children with alcoholic mothers revealed that some of the children seemed so distant, angry and bitter with their mothers for the situation they faced. Upon further observations, the community health worker admitted that quite a number of children do actually suffer from fetal alcohol syndrome (FAS). The researcher was able to observe some of these physical malformations in some of the children who accompanied their mothers for the interviews. According to Berger (1993), COA's often have more problems in school. He adds that the stressful environment at home prevents them from studying and their performance is also affected by inability to express themselves. They often have difficulty in establishing relationships with teachers and classmates.

A study conducted at Eldoret Municipality in Uasin Gishu county in 2019 by Matelong et al (2022) revealed that the majority of addicts and reformed addicts suffered bruises and others had scars on their faces. It revealed cases of violence and neglect on those abusing second generation alcohol especially women. Some were showing psychological problems associated with their drinking. The toll is taking on them and some regretted having started using second generation alcohol which has affected their reproductive functionality and two spouses had abandoned them at different times and their job were at risk. Others reported that their drinking habits could not be sustained by their earnings and family, hence they sold off any item they possessed at a throw away price to sustain their drinking habits. Financial constraints had caused many to drink cheap liquor alcohol. It was reported some lost loved ones to alcohol and are praying that it will not happen to them. There was evidence of uneasiness in talking before taking alcohol and brightens up when dunk. Substance dependency women are trapped in a cycle of addiction, leading to further psychological distress. They exhibited exhaustion, stigma and rejection and need counseling and periodic mental checkup. Therefore, there is a need for them to be helped not only by the Roman Catholic Church but by all, especially the family and community around.

A study done by Kituyi (2018) in Siuna Village in Bungoma Catholic Diocese reveled that, alcoholics spend a lot of money in buying alcoholic drinks especially chang'aa in the area. The challenge is that they drink and fail to eat properly. Kituyi added that alcoholics who drunk on daily basis had developed poor eating habits. With continuous alcohol consumption, the body immune system had weakened making women vulnerable and easier targets for diseases such as pneumonia and tuberculosis. At this stage, alcoholics could easily contract many diseases and die since their bodies were weak. Women who consume alcohol were at a greater risk of developing Alcohol Use Disorder (AUD).

Alcohol has the power to stimulate sexual hormones in both women and men. Women are more vulnerable to sex and are sexually active than men when drunk and it motivates them to drink more according to the study done in Argentina (WHO 2005). This is because alcohol causes hormonal fluctuations which interferes with estrogen and progesterone levels in women. In Siuna village in Bungoma Diocese as reported by Kituyi (2018), 90.3% of respondents during the study in the area agreed that alcohol in the village had led to early pregnancies. In addition, 96.2% of respondents agreed that alcoholism had promoted prostitution in Siuna village. According to WHO (2005), alcohol consumption enhances sexual behaviors in both men and women but its more active in women than men. Many women end up contracting HIV/Aids, unwanted pregnancies and other sexually transmitted diseases.

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b) **Economic impacts**

According to a journal, *Alcohol Health and Research World,* "One of the harms related to alcohol use is the adverse impact on the financial status of the family of a person with alcohol use disorder. There is an increasing level of expenditure by the person with alcohol use disorder to sustain her habit. Gradually, due to the restrictions that the family income imposes, the person dependent on alcohol begins to borrow money, steal and/or sell household objects in order to sustain his/her habit which adversely affects the financial status of the family,''(Wilsnack Vol.9, pg.10-11). The economic consequences of alcohol can be severe, particularly for the poor majority of whom live in the slums. The article continues to state that apart from money spent on alcohol, women drinkers may suffer other economic problems such as lower wages and lost employment opportunities, increased medical expenses as a result of injuries sustained from their drinking behaviour amongst others. Household decision-making is mainly attributed to the woman in most African communities today; it is the woman who guides her family into deeds which are righteous and of benefit to her family. In the case where the woman is an alcoholic in her family, then all the above attributed roles are put in jeopardy. Therefore, there are financial struggles in families where women are alcoholic. Money spent on alcohol depletes household resources leading to financial instability, Alcohol consumption has negative impacts on the economy of the family and society in general. It leads to reduced participation in economic activities. Alcoholism often reduces women's ability to engage in producing economic roles. In Nairobi County, Chweya and Samuel (2014) did a study on social and economic effects of alcohol abuse in Mukuru slums. They established that alcohol abuse was the major cause of family break ups and domestic violence. Notably, children in alcohol abusing families are likely possess low education levels due to neglect. Children in such families eventually drop out of school to look for means of survival on their own.

Overdependence on alcohol leads to financial struggles. Money spent on alcohol depletes household resources leading to financial instability. This affects mostly women and children A study done in Nyeri by Muchiri (2021) revealed that due to overdependence on alcohol, the alcohol-abusing individuals spend more money on drinking, neglecting other family needs- especially the basic requirements for child quality life, which lend to poverty, domestic and child rights abuse, separation, and divorce in extreme cases.

Alcohol consumption reduces participation in economic activities and therefore affects the achievements of the country's sustainable development goals such as poverty eradication. In Nakuru Diocese, Kipkosgei (2018) reported that alcohol consumption has affected work performance in several ways; there is ample evidence that people with alcohol dependence and drinking problems are on sick leave more frequently than other employees, with a significant cost to employees, employers, and social security systems whereby this affects the family incomes. In Nakuru it is estimated that workers with drinking problems are nearly 3 times more likely than others to have injury-related absences from work. There are also incidences of work accidents at the workplace which include fatal accidents at work linked to alcohol and at workplace which affects the person's normal work routine. Heavy drinking at work also reduce productivity whereby performance at work, in the *'shamba'* or business may be affected both by the volume and pattern of drinking. Co-workers perceive that heavy drinkers have lower performance, problems in personal relationships and lack of self-direction, though drinkers themselves do not necessarily perceive effects on their work performance. Furthermore, alcohol abuse may lead to unemployment and unemployment may lead to increased poverty and low income of the community. Poor members of society mean a poor Diocese. A society with drunkard women is a poor society with no future.

Kituyi (2018) reported that in Siuna village of Bungoma diocese, a 32-year-old woman in the area got married to an alcoholic husband whose high intake led him to become a thief in their own house in order to sustain the habit. The man stole maize in the house preserved for food, and when hidden from him, he snatched it from the wife or children on their way to the posho mill. This behavior has affected their marriage in terms of development as a family. They have sunk into poverty and are unable to afford basic needs in the house for the family. This means that the responsibility of feeding the family has been left in the hands of women who majority don't have a steady job.

c) Personal and Social Developmental impacts

Alcohol consumption has led to damaged relationships in society. Dependency in alcoholism often strains relationships with family, friends and church community. For example, in Kericho county, alcohol abuse has led to domestic violence. In Ainamoi in Kericho County, results show that alcohol abuse by a spouse plays a precipitating role for domestic violence. Domestic violence endangers a person physically and affects their emotions, thus reducing their feelings of self-worth. This could lead to physical injury which may cause hospitalization and/or being charged in a court of law. Continuous exposure to domestic violence was shown to cause separation, divorce and even death which affects the spousal relationship (Mutai, 2014). This has led to an increase in the number of single mothers in the society. Many women are now raising children alone and taking the role of a man in the house in nurturing their children without the father figure,

Alcoholism leads to family dysfunction. A disruption in family cohesion negatively affects women and children emotional and psychological development. A study done by Mutai (2014) in Ainamoi Division, Kericho County, Kenya revealed that there is communication breakdown in marriages as a result of alcohol abuse. Failure in roles and responsibilities causes quarrels, fights which leads to anger and resentment. As a result, the partners are not able to discuss and resolve conflicts pertaining to finances, sexual intimacy and child rearing decision. Failure to resolve these issues causes a further rift in marital communication pattern which affects the spousal relationship. Secondly, it causes financial problems. Alcohol abuse competes with other needs for resources in the family. This leads to limited resources which could strain the spousal relationship. Women being the home makers suffers a lot since the family cannot sustain itself and meet all its needs.

d) Spiritual impact

Alcoholism poses unique challenges to spiritual wellbeing. It led to conflict with religious teachings. A study done by Kituyi (2018) in Siuna village, Kimilili Sub- County, reported that there is low turnout of church members in the Catholic Church because of alcoholism. With this, there is in adequate support from those who come to the church in terms of financial support through offerings and tithes. Congregants do not tithe and give offerings as required. If they do so, it is very little according to the church expectations as per its membership. This is against God's teachings on offering and tithing according to Malachi 3:10-12. The chapter encourages people to bring full amount of their tithes to the house of God so that there will be plenty of food there and God will open the window of heaven and pour all kinds of good things in abundance, and He will not destroy any crop but bless them. Catholic doctrine emphasizes moderation and self-control, values often compromised by addicts. Some women

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in the church are also a victim of this, yet in their formation training a Catholic Women members, they are expected to refrain from alcohol consumption and even any business dealings in alcohol. Alcoholic women in the Catholic church may face judgment and alienation from their religious and social communities leading to stigma and alienation. Some might feel guilty and this may hinder their spiritual growth and faith practices.

Pamela, et al. (2015) stated that alcohol abuse curbs productivity at multiple levels. Further alcohol abuse was related to low conjugal activities as part of spousal neglects as related by the spouses of alcohol – abusing individuals. Gathiga (2015) cited a decrease in Central Province fertility rates due to effects caused by alcohol abuse. Men have neglected their family and marital duties, preferring to indulge in binge drinking resulting in irresponsibility. This concurs with studies done by Mutai (2014) which revealed that alcohol abuse diminishes sexual intimacy among couples in Kericho county. This is as a result of fatigue, impotence, failure to groom, resentment and the bad smell of alcohol, which puts the spouse off. Therefore, it becomes difficult for women to abstain and they end up engaging in adultery. This affects women religious expectations since Catholic women are expected to uphold moral and spiritual values hence reducing their participation in church activities.

B: HOW CATHOLIC WOMEN IN KENYA ARE FIGHTING ALCOHOLISM AND ITS EFFECTS

From the discussion above on effects of alcoholism on health and development, there is urgent need to seek for possible initiatives that than be applied or adopted to contain it. Catholic women in Kenya play a significant role in combating alcoholism through faith-based and community driven initiatives. Their activities often combine spiritual social and practical approaches to address the problem. This section will discuss practical measures that are applied in the Catholic Church and also that can be applied in Kenya in fight against alcoholism.

a) Church -Based Interventions

The Catholic Church offers mentorship. Women serves as mentors to younger members, encouraging them to avoid harmful behaviors and embrace positive role models. To do so, women are guided by a Pastoral Handbook on alcohol. According to the Pontifical Council for Health Pastoral Care (2001) observed that in early 1997 the Catholic Church realized there was a deeper problem of alcohol abuse among its believers. Therefore, the church published the Pastoral Handbook on "*Church: Drugs and Drug Addiction''* to guide priests on solving the challenges faced by believers. This handbook provided pastoral care givers to among others give the Catholic faithful remedies and strategies to prevent addiction to alcohol and also curb the addiction of other substances. The guide also set out policies for pastoral caregivers to rehabilitate the faithful who were addicted to alcohol. The handbook considered prevention as a more significant tool for the Catholics. Catholic women in Kenya always refer to the handbook in the guiding and management of alcohol abuse in the family and society for a health society and community development.

Kipkosgei (2018) suggested that improving and forming Small Christian Communities (SCC's) will help in the fight against the vice of alcoholism. Women are the majority in SCCs and can greatly assist in realizing the church mandate. Given the fact that SCC's is a way of being Church and a pastoral priority for effective evangelization. It's the domestic church headed by Jesus Christ thus they must be formed and then empowered to take up its evangelizing role. This can be done through the active role of the family. Each member of the family must see him/herself as his brother's keeper. The ecclesial area of Nakuru is a stake if SCC's do not take up its role. It's therefore imperative to argue that SCCs are very important avenues of improving the image of the church and strengthening pastoral ministry in the Diocese. Members and leaders of SCC's working together with priests can do a lot to the fight alcoholism through dialogue and the proclamation of the Gospel of life. In areas where SCCs are not operational there is need for their formation and training leaders there. In doing so, the church will succeed in fighting the vice.

In a study done in Cathedral Parish in Nyeri Catholic Diocese, Muchiri (2021) reported that alcohol abuse prevention has done in various ways such as prayers, masses and baptisms, as well as through its relationships with families. The Parish also reaches out to its most vulnerable members through Small Christian Communities (SCCs) where women are the majority as the church at the grassroot. In addition, the Parish in its effort to curb alcohol abuse in a more proactive manner depends on women who gather information about local services that provide support or training through the SCCs to gather information on problems and areas that have been neglected from within the community. This advocates for an inter-agency approach with Church, communities and state working together for alcohol abuse prevention. The Church's advocacy for support systems will reach to the past and the future of affected individuals especially women who are the pillars of the church and the society. Priests are well informed in the area of alcohol abuse as well as are resourceful for education, healing and treatment of affected church members This knowledge will help them to perform their pastoral intervention effectively as a catalyst correlator, coordinator, confessor and conciliator (Albers, 1997). In Siuna Village in Bungoma Diocese, Kituyi (2018) reported that, through SCCs church members have also been sensitized to do other business other than alcohol business. Church members are encouraged to drink moderately. Through SCCs problems of alcohol addicts and its effects are solved through the help of women who work hard in hand with the parish priest.

Catholic women have advocated for support groups. Programs like Alcohol Anonymous (AA) have been integrated into church activities. Matelong et al., (2022) stated that AA) is one of the best and most effective methods to treat alcoholics in the global perspective. The programme is based on the principles of submission to a higher power, then asking for forgiveness for the wrong things that the addicts have done, and efforts to be made to amend for wrong doing. AA is mostly based on Christian beliefs and finding oneself again. In Eldoret Diocese as reported by Matelong, they use teachings of AA to help counsel addicts and their families which have been fruitful in their tasks. They support and recognizes the work of AA. Similarly, Kipkosgei (2018) also pointed out that there is need to strengthen and support groups working for the good of the people in Nakuru Catholic diocese. He recognized the work of AA groups who have both open and closed meetings. Closed meetings are for alcoholic anonymous members only, or for those who have a drinking problem and have a desire to stop drinking. Open meetings are available to anyone interested in Alcoholics Anonymous program of recovery from alcoholism. The only requirement for membership is a desire to stop drinking and encourage others to stop drinking.

Motivation of addicts in Eldoret diocese has helped some of them to reduce and even stop taking alcohol as reported by Matelong et al (2022). According to the National Institute on Alcohol Abuse and Alcoholism (2000), alcoholics and addicts lack strong motivation to be sober. Once they get motivated to be sober by reducing rate of alcohol consumption, there are higher chances than ever, that they can be able to eventually stop alcohol consumption and indulgence. This implies that the moment alcoholic addicts find any little motivation, they may easily stop taking

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the alcohol. The findings of the research conducted in Eldoret Municipality revealed that the Catholic Church encouraged those addicts within their congregation to see the need of reducing alcohol consumption. Such encouragements greatly motivated them to find sense in reducing rate of alcohol consumption. This shows that alcoholic addicts mainly need someone to help them see into their alcoholic life. Therapeutic process is normally undertaken by a qualified psychologist whose main concern is to help the patient find sense in stopping alcohol consumption.

b) Rehabilitation and treatment centers

St Emmanuel Catholic Church in Bungoma Diocese has involved rehabilitation centers in helping alcoholics in the church reach sobriety. The rehabilitation centers are required when alcoholics are willing to go for rehabilitation. Although the church is financially unstable to facilitate a large number to rehabilitation centers, through its various lay groups such as CWA, it facilitates and send a few who are willing to rehabilitation centers within the country (Kituyi, 2018). There is a need for rehabilitation centers to assist in the treatment of alcohol addicts. Kenyan families have not escaped the menace of substance abuse. Nyachwaya, Amimo, Ouma and Ondimu (2016) on a study in Kenya noted that several drug and substance rehabilitation institutes are established to help addicted persons abstain and recover. In their study, Musungu and Koskei (2015) noted that mental and physical health torture such as aggressiveness, trauma, stigma and violence emanate from substance addiction. The psychological shake up cripple family support services such as employment and family love and care. Wanjiru (2020) noted that according to the report findings, Mathari Clinic for Substance Abuse Therapy (CSAT) is a peer or group counselling clinic for ex-rehabilitees who have exited from the Centre after their rehabilitation period. However, the clinic is not limited to Mathari ex-rehabilitee category only. Substance abusers who have not been rehabilitated in Mathari hospital are also encouraged to attend this clinic. The family members get a chance to encounter with other families who have a common addiction challenge. The Catholic Church in Kenya should encourage its members to visit such institutions to be more enlightened.

The Catholic Church in Kenya also in its efforts to fight alcoholism has established rehabilitation and treatment centers. For example, Association for Catholic Information (ACI) Africa daily news December 2021 reported that the Mill Hill Missionaries (MHM) at St. Joseph Luanda Parish of Kenya's Catholic Diocese of Kakamega are running a family-based counselling, rehabilitation and training resource center to address the drug addiction challenge among street children in Luanda and in homes surrounding Luanda market. The center was launched on 6 September 2021 under the leadership of Fr. Nobert Odunga. Services at the facility are free and include counselling, financial advice and family follow-ups of those enrolled in the program. Activities at the Center include individual treatment planning, individual and family therapy and group therapy sessions. The street children, families and other people struggling with drug addiction also journey closely with Priests, women and men, Seminarians, as well as support groups at the Parish. There is other treatment centers for addicts run by the catholic church such as Asumbi Treatment Center under the Catholic diocese of Homabay with branches in Runda and Karen.

c) Empowerment programs

Women suffers the most from the effect of alcohol both directly and indirectly as pillars of the family. Obage (2008) noted that discussion on war against alcoholism in Kenya cannot conclusively end without discussing the role of women. Kituyi (2018) reported that at Saint Emmanuel Catholic Church in Bungoma Diocese leaders who include both men and women are in charge of administering guidance and counselling services with the aim of helping individuals with alcoholic problem to overcome it. They do so through emphasizing social, emotional and personal development. Through church announcements by the church secretary those with alcoholism problem join guidance and counselling sessions through registering with the church secretary. Guiding and counselling team deals with the willing and committed individuals to 'Walk' and 'Talk '. They are sensitized on the effects of drinking alcohol. Through the word of God, they are also counselled on the consequences of being drunk and the amount of alcohol to consume. The counselling team also can go to an extent of visiting their homes to keep on encouraging them towards sobriety. Priests and catechists9 who also include women) are involved in guiding and counseling services through sermons in the church, during ceremonies such as weddings, funerals and thanksgiving.

Catechism and life skills programs have assisted in controlling alcohol abuse. In the Catholic Church women teach faith-based values and life skills to the youth and community members, focusing on resisting temptations including alcoholism. The Church empower women and other alcohol addicts to help them reduce dependency on alcohol as a coping mechanism. Obaga (2008) observed that the Priest occupies an important position in converting a person with alcohol addict and their family by using their knowledge of alcohol abuse and its intervention mechanisms. He added that priests could develop educational programs that guide individuals to deviate from alcoholic behavior. Waruta and Kinoti, (1994) argued that the Church should stretch its hand out for affected families by bringing God's compassionate and healing presence to such individuals. They further added that the church seeks to help battered people in abusive relationships and assist them to embrace healthy associations. These words were also echoed by Obaga (2008) who argued that the assistance of individuals abusing alcohol by the church is a way of conducting compassionate care. Nevertheless, rehabilitating individuals abusing alcohol is part of God's order to unite the church.

St Emmanuel Catholic Parish in Bungoma Diocese has various associations groups for both female and male to help address problems like alcoholism among its members according to the research done by Kituyi (2018). One of the associations in the parish is Catholic Women Association (CWA) which helps to fight ignorance among its members by educating them on the dangers of alcoholism and restricting its registered members from brewing, taking or selling alcohol. CWA has also mobilized church members to contribute funds to facilitate church programs, Therefore, there is also a need to educate women on the health risks associated with alcoholism to foster informed choices. According to Melemis (2015) psychoeducational workshops serve to educate family members about addiction, how it affects brain function, behavior and the family system. This implies that the family member would learn how recovery process progresses and its stages of recovery and signs of a relapsing addict. Rue et al (2016) advises that the need to bring recovery services such as counseling and life skills training close to affected family would help bring family sobriety and restoration. These educational workshops should be included in church programmes and should be offered often in all parishes and in diocese levels.

Outreach and Advocacy

A notable aspect in the community response has been the involvement of women's groups in demonstrating against the sale and consumption of alcohol in localized areas. In a study done by Kariuki (2013) in Muranga East district, a woman organization called *Maendeleo ya Wanawake*

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mobilized fellow women to support the implementation of the Alcoholic Drinks Control Act, 2010. The women ensured that this law which governed sale and consumption of alcoholic drinks was implemented to the letter. These women had held peaceful demonstrations in support of the Alcoholic Drinks Control Act 2010, they raided bars and entertainment venues contravening the Act, specifically those flouting the laws on opening and closing hours or those selling alcoholic drinks that do not meet the stipulated standards. These women partnered with the Provincial Administration to ensure strict enforcement of the Alcoholic Drinks Control Act, 2010.

Women in the Catholic church are in the forefront in fighting alcoholism through promotion of community awareness. Campaigns. Catholic women organize workshops and seminars to educate communities about the dangers of alcoholism and ways to prevent it. Promoting community action is another way of controlling alcohol abuse. The method needs to motivate a community to act depending on the particular community's stage of readiness (Plested *et al.* 1998; NIDA, 2003). At lower stages of readiness, individual and small group meetings may be needed to attract support from those with great influence in the community. At higher levels of readiness, it may be possible to establish a community board or coalition of key leaders from public and private-sector organizations. This can provide the impetus for action. Community coalitions can and do hold community-wide meetings, develop public education campaigns, present data that support the need for research-based prevention programming, and attract sponsors for comprehensive drug abuse prevention strategies. Research has shown that prevention programs can use the media to raise public awareness of the seriousness of a community's drug problem and prevent drug abuse among specific populations. Using local data and speakers from the community demonstrates that the drug problem is real and that action is needed. Mass media has been used both by the alcohol industry to promote its products and by governments to control the harm from alcohol use.

CONCLUSION

The Catholic Church has played a pivotal role in promoting women's participation in health and development across Africa, with Kenya serving as a compelling example. Through its extensive network of healthcare facilities, educational institutions, and community-based initiatives, the church as empowered women to contribute meaningfully to societal progress. Alcoholism among Catholic women in Kenya has profound health, developmental and spiritual consequences. Addressing the issues requires a multi-sectoral approach involving the church, government and community stakeholders. There is need to provide support, promote awareness and address the root causes of addiction. It is possible to mitigate the effects of alcoholism and foster healthier, more fulfilling lives for women affected directly and indirectly by this challenge.

Women, as caregivers and community leaders, are central to the Church's mission of holistic development. Programs supported by the Church have enhanced access to healthcare, promoted maternal and child health, and addressed pressing social issues such as gender-based violence and poverty. By advocating for education and capacity-building, the Church has enabled women to become agents of change within their communities, fostering resilience and self-reliance.

Addressing these challenges requires the Church to deepen its commitment to gender inclusivity by promoting women's leadership within its structures and advocating for policies that advance equity.

In conclusion, the Catholic Church in Kenya has made significant strides in enhancing women's participation in health and development. Sustained efforts in collaboration with governments, non-governmental organizations, and local communities can further amplify the Church's impact, ensuring that women continue to play a transformative role in Africa's development journey.

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