ALCOHOL USE, INTIMATE PARTNER VIOLENCE AND FAMILY WELL-BEING: A QUALITATIVE STUDY IN ORON, NIGERIA

Ediomo-Ubong E. Nelson
Centre for Research and Information on Substance Abuse
Uyo, Nigeria

ABSTRACT

The negative effects of alcohol consumption are felt by other persons, not just the individual drinker. Existing findings suggest that harm to others from drinking are spread across different kinds of social relationships. But there is paucity of information regarding the effects of drinking on members of the drinker’s family. This study uses descriptive data from a survey conducted in Oron, Nigeria, to investigate domestic violence as the effect of drinking on family members. Drinking-related domestic violence generalizes the negative consequences of drinking, engenders and aggravates household economic and health problems, and compromises the well-being of the family. The poor socio-economic condition of the affected family constrains their capacity to provide treatment services for the drinker, thereby perpetuating the cycle of drinking, domestic violence and family instability. Men’s awareness of the effects of drinking on members of their families provides leverage for policy and action to address harm to families from a member’s drinking.

Key Words: Drinking, Domestic Violence, Social harms, Family, Nigeria

INTRODUCTION

Alcohol, an intoxicating chemical substance made from fermented starches, is an intriguing substance of abuse. It is “surrounded with paradoxes, being often recognized as both a stimulant and a depressant, a food and a poison, its use symbolizes an enormous range of both positively and negatively valued things and feelings” (Heath, 1987). Alcohol is embedded in social relations and socio-cultural systems, including factors such as race and ethnicity, health, religion, economics, politics, communication, sex and recreation, social change, criminality, anomie and family disruption (p. 108). It possesses positive values, which

Corresponding author: Ediomo-Ubong E. Nelson, Centre for Research and Information on Substance Abuse, P. O. Box 923, Uyo, Akwa Ibom State, Nigeria. Email: degreatnelson@yahoo.com
are reflected in a variety of socio-cultural representations and practices (Jarvinen & Room, 2007). But it also has negative qualities, including its capacity to cause disinhibition and violence. The negative consequences associated with alcohol consumption are of concern to policy makers and public health experts. Until recently, the focus was on the negative consequences of drinking on the individual drinker, particularly on health (Connor, You & Caswell, 2009). But there is growing recognition that alcohol problems do not just affect the individual drinker; they also affect other people and the wider society.

The burden of social harm from drinking is substantial. Alcohol is recognized as a contributory factor in a wide range of social problems, including anti-social behaviour, crime, violence, domestic violence, strained relationships, family breakdown, and child abuse and neglect. A recent report (Alcohol Focus Scotland, 2013) estimates that alcohol misuse costs the Scottish government £97 million per year in social work services and £277 million per year in criminal justice services, including policing. In addition, alcohol is estimated to cost the country £418 million per year in reduced output and productivity, including work-days lost due to alcohol-related absenteeism. In Australia, alcohol consumption exacts a huge financial toll on the relations of drinkers to the tune of $14 billion in out-of-pocket expenses. It also cost them the forgone wages and productivity of the drinker, as well as more than $6 billion in intangible costs (Laslett et. al., 2011). Each year more than 70,000 Australians are the victims of alcohol-related assaults, and 24,000 of those experience domestic violence. About 20,000 children across Australia suffer from alcohol-related child abuse, while the deaths of 367 people and the hospitalization of a further 14,000 people can be attributed to someone else’s drinking.

The effect of an individual’s drinking on others is not monolithic; it is spread across different kinds of social relationships. Neighbours, friends and colleagues, and other members of the community are affected in various ways and to different extents by others’ drinking (Fillmore, 1985; Health and Welfare Canada, 1990). Surveys conducted in the United States and Australia reveal that a sizeable proportion of respondents have been negatively affected by others’ drinking (Greenfield et. al., 2009; AIHW, 2008). Members of the drinker’s family often bear the brunt of the social harm of alcohol. They experience violence, isolation, shame and financial difficulties (Hurcom, Copello & Orchard, 2000). A national survey shows that 21% of heavy drinkers reported domestic problems such as quarrels and fights with family members (Laslett et. al, 2011). These studies, however, present a broad picture of the range and magnitude of the problem, but provide little detailed information on specific forms of harm associated with individual drinking. This kind of information is of the essence in the development of policy and intervention to tackle the problem in local contexts.

The present study is burdened by the need to generate context-specific and policy-relevant information on drinking harm to members of the drinker’s family in the Nigerian context. Such undertaking is pertinent in view of the growing rate of alcohol consumption in the country (WHO Global Alcohol Data-base, in Obot, 2006, pp. 20). The study explores men’s views on drinking, domestic violence and family life. The research that generated
data for the study was a qualitative survey conducted in Oron, Akwa Ibom State in Nigeria. The study seeks to put into context the ways in which drinking-related domestic violence generalizes the negative consequences of an individual’s problem behaviour, engenders and aggravates household economic and health problems, and precipitates decline in the living conditions of the family. It expands current understanding of the impact of alcohol use on family relationships. This understanding can enrich policy and intervention to stem drinking problems and improve the well-being of individuals, families and society.

METHOD

The study was carried out in Oron, Akwa Ibom State, Nigeria. A pre-colonial fishing economy, Oron developed into a major trading centre as imported European goods were traded for palm produce and other items. Oron people are given to heavy drinking (Nelson, 2014), and oral history indicates that local production of alcoholic beverages has a long history in the area. The arrival of western-type alcoholic drinks, beginning from the early days of contact with European traders, also contributed to the rise of culture of problem drinking. The topographical realities of Oron includes its estuarine rivers spiraling along the extreme Gulf of Guinea. The well-shaped promontories and glittering waters form the basis of a fishing economy, has also encouraged heavy drinking. Oron people drink local gin, spirits and imported western liquor to keep warm in this cold habitat. Oron is a patrilineal society. Descent is traced from the male line to an epic male ancestor. Social organization is based on segmentary lineages, and there are no hierarchical or centralized socio-political structures (Beattie, 1964). There is the minimal lineage (idip ete), which may be monogamous or polygamous, minor lineage (ufok), and maximal lineage (ekpuk). The minimal lineage (nuclear family) includes the man, his wife and children. Social differences are based on age and sex, the latter being the most rigidly defined. The family is the basic unit of social organization. The father figure is primarily a disciplinarian and the culturally acknowledged head of the family (Charles, 2005). Women and children live under the de facto control of the husband/father figure.

The specific site of the study was Akan Obio, a semi-urban area. The research was designed as a qualitative survey. A multi-stage sampling method was used to select participants. This involved purposive sampling of 6 villages from the community, and clustering of households in the selected villages. Fishbowl sampling was used to identify and enumerate the specific compounds in each of the community from which participants would be drawn. Field workers, adequately trained to collect data, visited the enumerated compounds and conducted in-depth, personal interviews with residents who were within the specified age range (25-45 years). The ethical principles of informed consent, confidentiality and anonymity applied (Fontana & Frey, 1994; Rubin & Babbie, 1997).

The total number of participants was 413 (220 men and 193 women). Interviews were conducted with semi-structured in-depth interview guide, which yielded rich, qualitative data. The data were analyzed descriptively through the use of simple percentages. Focus group
discussions (FGDs) were also conducted with a sub-set of the survey participants (46). Separate FGD sessions were held for men and women (7 participants per session). An audio recorder was used to record the discussions, while a field assistant took notes. FGDs provided space for elaborate discussion on the issues identified by the community survey. Tape records of the discussion were thereafter played and transcribed by the research assistants. The data was analyzed thematically following the data reduction, display and verification procedure (Miles & Huberman, 1994), involving thorough examination of the narratives fitted into analysis matrixes. Themes and patterns emerging from content analysis were noted. The themes where refined by the development of sub-themes and their properties. This process continued until the point of analytic saturation was reached. Key comments are quoted verbatim.

RESULTS

Socio-demographic Characteristics of Participants

Participants were male adults between the ages of 31-45 years. They had an average of 9 years of formal education, which, in the context of the Nigerian educational system, means that most of them did not complete secondary school education. Most participants were married; only a few of them were divorced or separated (7.6%), and none was a widower. Two of the participants whose marriage ended in divorce or separation acknowledged that domestic violence contributed to the problem. The participants where predominantly white collar workers, which refers to a variety of low-level office, administrative and salaried positions mostly in the civil service. Only a few (10.2%) participants were unemployed. All participants were Christians, mostly of the Methodist church denomination.

Drinking Practices of Oron Men

Drinking of alcoholic beverages is common in Oron. Most of the participants (76.2%) agreed that alcohol use was widespread in their community. Drinking is predominantly a male activity. Women’s drinking is rare, and mostly take place in privacy. The dominant pattern of alcohol use is heavy episodic drinking. Participants spoke of drinking six to eight bottles of beer in a single episode of drinking. Other alcoholic beverages such as local gin and imported spirits are also consumed heavily. Participants attributed this pattern of drinking to the social, cultural and geographical realities of their community. One of the participants observed:

*We drink a lot of wine in this community because we are fishermen, and we live around the river. The area is usually very cold and we take a lot of hot drinks to keep ourselves warm. We drink very well. It is part of our lifestyle.*

It was observed that traditional ceremonies such as funeral, child naming, wedding and chieftaincy coronation are contributors to the high level of drinking in the area. Similarly, the tepid temperature of the area also disposes the people to heavy drinking. Participants stated that consumption of “hot drinks” helps them to survive the temperature. Drinking of beverages such as liquor, spirits, and local gin distilled from the sap of the palm tree.
(popularly known as *ufob* or *kai-kai*) keeps the body warm, enabling them to survive adverse weather conditions. Alcohol is also related to fishing, the traditional occupation of the people. Apprentices in fishing are required to present a bottle of gin to their tutors. Similarly, gin is used to mollify water spirits (*ndem mmon*) to ensure successful fishing expeditions. A participant told us:

*Our people are fishermen. We live in a riverine area. Since the weather is cold most of the time, we have to find a way to keep warm. This is why our people drink a lot of spirits and wine. We do so to keep warm. It has become part of our culture. Even people who are not fishermen also drink. It is the same in every riverine community.*

Participants reported indulging in heavy drinking frequently. It was observed during fieldwork that the people consume various types of alcoholic beverages, including gin, wine, beer and palm wine. Drinking takes place in different social contexts, including home, ceremonies, motels, bars and local drinking joints.

**Drinking and Domestic Violence against Women**

A significant proportion of the participants (42%) admitted that they had physically abused their spouse in the past, while 21% admitted abusing their spouse within the past week. A small percentage (17%) admitted abusing their spouses verbally and some of them did so frequently. Other participants (12.8%) had denied their spouses feeding money in the past, as a way of checking perceived insubordination. Punching, slapping and kicking were the most common form of violence reported by the participants. A participant confessed:

*I’ve hit my wife many times in the past. I know I should not, but sometimes you are provoked to do it. Women can be very stubborn such that you are left with no choice than to assert your authority in the home as a man.*

Most incidences of spouse abuse took place when the man was under the influence of alcohol. Intoxication with alcohol triggers male violence against their spouses. A sizeable percentage of the participants (42%) stated that they were more likely to be provoked by their spouses’ behaviour when they are drunk than when they are sober. They stated that they can hardly control themselves when they are drunk, and therefore usually end up assaulting their spouse. We were told:

*It is drink that makes men beat their wives. Who will just walk into the house and start beating up his wife. You know, men drink. So when a man is drunk, a woman should not go looking for trouble. But some women will still provoke their husbands.*

Alcohol is an underlying cause of family violence. Other factors such as traditional notions gender roles are influential. For example, the men became physically aggressive when their spouses came home late, did not take care of the children or left home without their permission. Yet participants noted that the likelihood of aggression was higher when they were intoxicated with alcohol than otherwise. Under the influence of alcohol, contextual
Factors provide cues favourable to violent responses.

**Effects of Drinking-related Violence on the Family**

Participants spoke of the negative consequences of drinking-related violence on the family. They recognized that violence impacts negatively on the socio-economic condition of the family. They also pointed out that domestic violence can jeopardize the economic well-being of a family. This can come about through the huge cost of providing healthcare for the abused spouse. Men who abuse their spouses will spend money to treat them. This will reduce financial resources available for other needs. A participant observed:

*If you hit your wife and she is wounded, you will have to take her to the hospital. You know that you will spend money to treat her. So it takes away the small money you would have used to do other things.*

Health problems were also identified as the effects of drinking on the family. People who drink are prone to violence, which can lead to all sorts of health issues for themselves, but often for other family members. These include injuries, impairments and disabilities. Participants also stated that violence can cause emotional and mental health problems such as depression and suicidal tendency. Constant threats of abuse could cause a woman undue stress and anxiety. It can also affect her self-esteem and lead to the development of compulsive behaviour such as alcoholism and drug dependence. A participant, who recognized the disproportionate burden of the social harm of drinking on women, had this to say:

*Women suffer a lot when a family member drinks. It is worst if the husband is the drinker. Apart from physical abuses, she will suffer emotionally due to frequent threats, shouting and screaming.*

Participants agreed that violence has a very negative effect on women’s reproductive health, and may be a contributory factor to pregnancy and delivery complications. They regarded this as the most significant harm of drinking on the family. Similarly, marital instability, divorce and parenting problems were also identified as negative effects of drinking on the family. In the words of a participant, ‘drinking can lead to the dissolution of a marriage or family’.

**DISCUSSION**

The study used descriptive data to investigate domestic violence as a negative effect of male drinking on family relationships. The goal was to highlight the implications of problem drinking for policy and intervention. It is clear from the findings presented above that alcohol use and domestic violence are related phenomena. Narrative data indicates that most cases of violence took place when the man was intoxicated with drink. The relationship between alcohol consumption and domestic violence is fairly well established in the literature (see Gondolf, 1995). Studies also suggest that alcohol consumption is an important catalyst for domestic violence and sexual coercion (Cunradi, Caetano & Schafer, 2002). Following Steele and Joseph (1990), the dynamic relationship between alcohol and violence may be explained by the concept...
of ‘alcohol myopia’, a ‘drunken excess’ that predisposes individuals towards social cues that favour the use of violence, which they would not when they are sober because ‘remoter cues and thoughts would pressure (them) to inhibit’. The present study expands our understanding of the dynamic relationship between alcohol consumption and domestic violence. It shows that both practices form part of the social construction of masculinity. Drinking and violence are traditional cultural practices which reinforce masculine identity (Nelson, 2014).

The findings also support the view that the effects of alcohol use are not limited to the drinker; they extend to other people and the larger society. In this regard, the study sharpens understanding of the effects of drinking on the family. Studies show that abuse of alcohol destabilizes families by disrupting cohesiveness (Bennett, 1987). This is supported by the men’s accounts to the effect that alcohol use portends negative consequences for the well-being of family members. Alcohol-related domestic violence generalizes the effects of an individual’s problem behaviour, engenders and aggravates health, social and economic problems, and compromises the well-being of the family. Furthermore, by constraining the capacity of the family to provide treatment for the drinker, it contributes to the perpetuation family instability. Women are disproportionately affected by men’s alcohol consumption. They bear the brunt of domestic violence and economic problems, and are deemed co-dependent in their spouse’ drinking problem (Schaef, 1991). Since the effects of alcohol use on the family are gendered, policy and interventions should be designed in a gender-sensitive fashion.

An important insight arising from this study is that men recognize the negative effects of drinking on the well-being of the family. This insight provides critical entry point for policy and intervention. It justifies the need to dialogue with men and engage them in the process of finding effective solution to the problem. Therefore, it is necessary to involve men as participants in the development of policy on alcohol and domestic violence. Furthermore, programmes seeking to alleviate alcohol problems in the family should reflect men’s understanding of the dynamic relationship between drinking, violence and family instability and how they may be addressed. This step will not only make programmes evidence-based, but will also promote acceptance and participation among men, which is an important criterion for the success and sustainability of gender-related programmes. It may also be necessary to build their capacity and bolster their commitment the process. Furthermore, treatment involving the whole family may also be necessary not only because family members are variously affected, but also because it has the potential to engender mutual support and sustain commitment to the treatment process. Since women bear the burden of the effects of drinking on the family, it is necessary to ensure that they are targeted for treatment services, including counseling and psychosocial support. This will facilitate the alleviation of their psychological distresses and enhance their capacity to function as care-givers for the family, including the drinker.

**CONCLUSION**

The understanding that alcohol consumption affects other people, not just
the consumer, is beginning to engage the attention of researchers and policy makers. Informed by the literature on the range and magnitude of harms to others from alcohol use and the need for better understanding of specific social harms of alcohol, this study investigated the ways in which male drinking leads to domestic violence and family problems. The study makes two important observations. First, drinking portends problems not only for the drinker, but also for members of the drinker’s family. This implies that drinking is not always functional; it can also be dysfunctional. A related observation here is that, contrary to extant views, the family is not merely the source of drinking problems (Waldron & Slesnick, 1998); it also suffers the effects of drinking. Secondly, the effects of drinking on the family are gendered because women are disproportionately affected. Although these observations are insightful and potentially useful for policy, there is need for better understanding of the ways in which alcohol use poses problems to family (and society) as well as the socio-cultural, economic, gender and health correlates of these problems. This will lead to progressive improvement in policy and intervention to address the social effects of drinking.

REFERENCES

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