Cultural Influences on Help-Seeking Behaviour for Alcoholism Treatment among Kenyan Women: A Cross-Cultural Analysis of Luo and Luhya Women

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ABSTRACT

Help-seeking for alcoholism treatment among women in Kenya is shaped by complex interactions between cultural norms, gender roles, and structural barriers. Grounded in the Health Belief Model (perceived barriers and benefits), Theory of Planned Behavior (subjective norms), Social Cognitive Theory (social learning and self-efficacy), and Hofstede's Cultural Dimensions (collectivism and power distance), this cross-sectional survey examined 250 Luo and Luhya women from rehabilitation centers, community clinics, faith-based counselling sites, and support groups across Western Kenya (Kakamega, Bungoma, Vihiga, Busia) and Lake Victoria counties (Kisumu, Siaya, Homa Bay, Migori). Data collection employed the General Help-Seeking Questionnaire, AUDIT, MSPSS, and Brief COPE Inventory, and analysis used descriptive statistics, Pearson correlation, multiple regression, and independent-samples t-tests in SPSS.

Although cultural beliefs ($\beta = –0.049$, $p = .516$) and societal norms ($\beta = –0.019$, $p = .858$) did not predict help-seeking or treatment attitudes, perceived barriers and facilitators showed a moderate effect on treatment likelihood ($r = .356$, $p < .001$). No significant ethnic difference emerged between Luo ($M = 4.02$, $SD = .75$) and Luhya ($M = 3.91$, $SD = .65$) women's help-seeking ($t(247.98) = 1.22$, $p = .225$), suggesting that structural barriers such as cost, stigma, and geographic access outweigh cultural or gender influences.

Respondents expressed openness to integrated care models, favouring the inclusion of traditional healers and faith leaders alongside formal services. Accordingly, the study recommends expanding subsidized, decentralized treatment, launching culturally tailored anti-stigma campaigns, and forging collaborations between medical and community-based practitioners. Future research should investigate socioeconomic determinants, family-level support, and longitudinal outcomes of integrated treatment approaches.

Keywords: alcoholism, help-seeking behaviour, structural barriers, cultural beliefs, health belief model, Theory of Planned Behaviour, gender norms, stigma, alcoholism treatment, Luo, Luhya, Kenya.

INTRODUCTION AND BACKGROUND TO THE RESEARCH PROBLEM

Introduction

Alcohol use disorder (AUD) poses mounting health, social, and economic challenges worldwide, and Kenyan women are increasingly affected even as formal treatment uptake remains low. Help-seeking behaviour for alcoholism treatment is shaped not only by individual awareness but by deeper cultural scripts, gender expectations, and community norms. Drawing on the Health Belief Model (HBM) which links perceived susceptibility, severity, benefits, and barriers to health action to the Theory of Planned Behaviour (TPB) which connects attitudes, subjective norms, and perceived control to behavioural intentions connecting to the Social Cognitive Theory (SCT) which emphasizes observational learning and self-efficacy and Hofstede's Cultural Dimensions Theory particularly collectivism versus individualism and power distance and this study asks: How

do cultural factors influence help-seeking for alcoholism treatment among Luo and Luhya women in Kenya? Focusing on traditional beliefs, family structures, community support, and gender norms, it compares these two groups' lived experiences and decision processes. By doing so, it aims to inform culturally grounded interventions that resonate with each community's values and social fabric.

Background to the Research Problem

Alcohol has long been woven into many African societies' rituals from initiation ceremonies to communal festivals under strict cultural protocols (Nwosu et al., 2022). Yet rapid urbanization and commercial marketing have shifted consumption toward harmful misuse. Whereas women traditionally drank little because of strict gendered norms, today rising stress, economic pressures, and changing social roles have driven increased female alcohol use. According to SCT, observing peers normalize or stigmatize treatment influences whether women feel empowered to seek help; self-efficacy grows when role models successfully pursue recovery. The HBM posits that unless women perceive themselves at risk or believe treatment is effective, they will avoid formal care particularly when traditional beliefs label female drinking a moral failing. TPB highlights that even positive attitudes toward treatment may be overridden by strong subjective norms like family and community expectations that stigmatize "weakness." Meanwhile, Hofstede's dimensions of collectivism and high power distance in Luo and Luhya societies mean that decisions often require elder or male approval, limiting women's autonomy. Despite government and NGO efforts rehabilitation centers, policy initiatives, outreach which remains little understanding of how these theoretical mechanisms operate differently for Luo versus Luhya women. Filling this gap is essential for designing interventions that align with each group's cultural logic.

Statement of the Problem

Although AUD prevalence among Kenyan women has risen sharply, formal treatment rates remain low. Prior research (Pauley et al., 2023) shows that women with AUD are less likely than men to seek professional help, often due to stigma, family shame, and moral judgments. From an HBM perspective, low perceived benefits and high perceived barriers like fear of community ostracism, economic cost discourage action. TPB suggests that negative subjective norms (community disapproval) and limited perceived behavioural control (lack of female-friendly services) further dampen intentions. SCT would predict that without visible examples of successful female treatment, self-efficacy remains weak. And under Hofstede's collectivist, male-dominated structures, women lack the autonomy to decide independently. Among the Luo and Luhya, these forces play out in distinct ways: Luo extended-family networks may offer informal clan-based support, while Luhya norms emphasize strict female modesty and discourage public acknowledgment of addiction. Yet no study has systematically compared how these theoretical factors converge to influence help-seeking in each group. This gap hampers the development of culturally sensitive, gender-responsive treatment programs in Kenya.

Purpose of the Study

The purpose of this study is to examine the cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. The study seeks to identify the sociocultural factors that facilitate or hinder treatment-seeking and provide insights for developing culturally responsive intervention strategies.

Objectives of the Study

The general objective of this study is to investigate the impact of cultural beliefs, societal norms, and gender roles on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. Also, the study aims to achieve the following specific objectives:

1. To examine the influence of cultural beliefs and traditions on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya.

2. To analyze the role of societal norms and gender expectations in shaping attitudes toward alcoholism treatment among Luo and Luhya women.

3. To identify the barriers and facilitators to seeking formal and informal alcoholism treatment among women from the Luo and Luhya communities.

4. To provide recommendations for culturally responsive and gender-sensitive interventions that promote help-seeking behaviour for alcoholism treatment among Kenyan women.

Research Questions

1. How do cultural beliefs and traditions influence help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya?

2. In what ways do societal norms and gender expectations shape attitudes toward alcoholism treatment among Luo and Luhya women?

3. What are the key barriers and facilitators to seeking formal and informal alcoholism treatment among Luo and Luhya women?

4. How can culturally responsive and gender-sensitive interventions be designed to improve help-seeking behaviour for alcoholism treatment among Kenyan women?

Hypotheses

1. Cultural beliefs and traditions will have a significant influence on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya.

2. Societal norms and gender expectations will have a significant influence on attitudes toward alcoholism treatment among Luo and Luhya women.

3. There will be a significant relationship between identified barriers/facilitators and the likelihood of seeking formal or informal alcoholism treatment among Luo and Luhya women.

4. There will be a significant difference between Luo and Luhya women in their help-seeking behaviour for alcoholism treatment.

Justification of the Study

Alcoholism is an escalating public health challenge in Kenya, and although its prevalence among women is rising, research on their help-seeking behaviour for alcoholism treatment remains scarce. Most studies on alcohol use disorder in Kenya have focused on men, neglecting the distinct sociocultural barriers that women encounter (McCaul et al., 2019). By specifically examining how cultural beliefs, societal norms, and gender roles shape help-seeking behaviour among Luo and Luhya women, this study fills a critical gap in our understanding of gender-specific challenges in addiction treatment. Cultural norms and traditions profoundly influence health-seeking behaviours, yet little is known about their impact on women's decisions to pursue professional treatment for alcoholism in Kenyan communities. Traditional beliefs around alcohol use, prescribed gender roles, and family expectations within the Luo and Luhya cultures may either facilitate or hinder women's willingness to seek help. Unpacking these cultural dynamics is essential for designing interventions that resonate with local realities. Empirical evidence shows that culturally sensitive health programs yield better outcomes (Güney et al., 2024), underscoring the need for tailored treatment approaches.

The insights generated by this research will inform policymakers, healthcare providers, and non-governmental organizations developing substance abuse and mental health interventions in Kenya. Current strategies often overlook gender and cultural nuances, reducing their effectiveness for women. By illuminating the unique obstacles faced by Luo and Luhya women, the study will provide the empirical foundation needed to craft gender-responsive policies and treatment frameworks. Moreover, the findings have potential relevance beyond Kenya's borders, contributing to global efforts to integrate cultural competence into addiction care. Academically, this study enriches the literature on cultural influences in health-seeking behaviour within the

African context and lays groundwork for future research on the interplay of gender, culture, and substance use treatment. By generating new knowledge about the cultural barriers and facilitators affecting Kenyan women's alcoholism treatment, this research advances scholarship on addiction, gender, and mental health in Africa.

Significance of the Study

This study offers critical insights into how cultural beliefs and societal norms shape help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. By focusing on these two ethnic groups, it highlights gender-specific barriers that are often overlooked in generalized intervention programs. For policymakers, the research provides empirical evidence to inform the design of gender-sensitive, culturally appropriate policies. Rather than applying one-size-fits-all strategies, legislators can use these findings to develop targeted initiatives that address the particular sociocultural impediments faced by Luo and Luhya women. Mental health professionals and rehabilitation centers will gain a deeper understanding of the cultural and community factors that influence women's willingness to seek treatment. This knowledge can guide the adaptation of clinical services such as incorporating traditional support networks or faith-based elements to make treatment settings more inviting and effective.

Non-governmental organizations and community-based groups working in substance abuse and women's empowerment will find practical guidance for crafting awareness campaigns and outreach programs that resonate culturally and reduce stigma. By engaging community leaders and traditional institutions, these stakeholders can foster environments in which women feel supported rather than judged when seeking help. Academically, the study enriches the literature on the intersection of culture, gender, and health-seeking behaviour in sub-Saharan Africa. It establishes a benchmark for future research on ethnic-specific addiction interventions and invites comparative studies across other Kenyan communities or African contexts. Ultimately, by uncovering the cultural dynamics that facilitate or hinder treatment-seeking, this research paves the way for more inclusive, responsive, and effective alcoholism treatment strategies both within Kenya and in similar settings worldwide.

Assumptions

1. The respondents will provide honest and accurate responses regarding their help-seeking behaviour for alcoholism treatment.

2. Cultural beliefs, societal norms, and gender roles will significantly influence help-seeking behaviour among Luo and Luhya women.

3. The selected sample will be representative of the broader Luo and Luhya female populations affected by alcoholism.

4. The data collection tools, questionnaires, will effectively capture the cultural and social dynamics influencing alcoholism treatment-seeking behaviour.

5. The study will be conducted in an environment that allows participants to freely express their perspectives without fear of stigma or judgment.

Scope of Study

This study focuses on the cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. The scope of the study is defined by the following parameters:

1. The study falls within the discipline of psychology, particularly industrial and health psychology, with a focus on cultural and gender influences on health-seeking behaviour. It will explore how cultural beliefs, societal norms, and gender expectations impact the willingness and ability of Luo and Luhya women to seek formal or informal alcoholism treatment. The study will adopt a cross-cultural analytical approach to compare differences and similarities in help-seeking behaviours between the two ethnic groups.

2. The research will be conducted in selected regions of Kenya with significant Luo and Luhya populations, ensuring cultural representation and diversity in the findings. The study will focus on counties predominantly inhabited by these ethnic groups, such as Siaya, Kisumu, and Homa Bay for the Luo community, and Kakamega, Bungoma, and Vihiga for the Luhya community. These regions have been selected because of their cultural significance and reported prevalence of alcohol use among women.

3. The study will engage multiple sectors, including healthcare institutions, rehabilitation centers, community-based organizations (CBOs), and non-governmental organizations (NGOs) that deal with substance abuse and mental health. It will also involve local cultural leaders and social workers who play a role in shaping health-seeking attitudes and behaviour. The study will not extend to government policy implementation but will provide insights that may be useful for policymakers in designing culturally sensitive intervention programs.

4. The primary respondents will be Luo and Luhya women who have experienced alcohol use disorder (AUD) or have sought treatment for alcoholism. The study will also involve key informants such as healthcare professionals, rehabilitation counsellors, community leaders, and family members to provide additional perspectives on help-seeking behaviour within these communities.

Limitations and Delimitations of the Study

Limitations

1. The study relies on self-reported data from respondents, which may be affected by social desirability bias, where participants might underreport or overreport their alcohol use and treatment-seeking behaviours due to stigma.

2. Alcoholism among women is often stigmatized in Kenyan society, particularly within the Luo and Luhya communities. This cultural sensitivity may limit participants' willingness to disclose personal experiences, leading to incomplete or biased responses.

3. The findings of this study will be specific to Luo and Luhya women and may not be fully generalizable to other ethnic groups or regions in Kenya. Cultural variations among other communities may lead to different patterns of help-seeking behaviour.

4. Identifying and recruiting women who have struggled with alcoholism and sought treatment may be challenging, especially in areas where such issues are considered private or taboo. Some potential respondents may be unwilling to participate due to fear of judgment or social repercussions.

5. Conducting research across multiple counties requires significant resources, including time and financial support. These constraints may limit the sample size or the number of locations that can be included in the study.

Delimitations

1. Participants will be assured of complete anonymity and confidentiality to encourage honest responses. Data collection tools, such as anonymous surveys will be employed to reduce self-reporting bias.

2. The study will engage local cultural leaders, counsellors, and community health workers to help foster trust between the researcher and participants while ensuring that questionnaires are framed in a culturally appropriate manner.

3. The study will focus on Luo and Luhya women who have sought alcoholism treatment, ensuring a population that can provide relevant insights. Additionally, efforts will be made to include diverse participants from different socioeconomic backgrounds and age groups within these communities.

4. To address financial and time constraints, the study will prioritize high-prevalence regions for data collection and leverage partnerships with local rehabilitation centers and NGOs to facilitate participant recruitment.

Operational Definition of Terms

1. **Alcoholism**: A chronic disorder characterized by compulsive alcohol consumption, loss of control over drinking, and withdrawal symptoms when not drinking. In this study, alcoholism refers to the excessive consumption of alcohol that affects the daily functioning of Luo and Luhya women, influencing their help-seeking behaviour.

2. **Help-Seeking Behaviour**: The process of seeking assistance from formal or informal sources for a health-related issue. In this study, help-seeking behaviour refers to the willingness and actions taken by Luo and Luhya women to seek professional treatment or community support for alcoholism.

3. **Cultural Influence**: The impact of shared beliefs, customs, norms, and values within a particular community on individual and collective behaviours. In this study, cultural influence refers to how Luo and Luhya traditions, gender roles, and societal expectations shape attitudes towards alcoholism and treatment.

4. **Treatment-Seeking Behaviour**: The actions and decisions made by individuals in pursuing healthcare or support for a medical or psychological condition. In the context of this study, treatment-seeking behaviour refers to the specific steps Luo and Luhya women take in accessing rehabilitation, counselling, or alternative treatment options for alcoholism.

5. **Stigma**: A negative perception or social disapproval associated with a particular condition or behaviour. In this study, stigma refers to the cultural and societal discrimination faced by Luo and Luhya women struggling with alcoholism, which may hinder their willingness to seek help.

6. **Cross-Cultural Analysis**: A comparative study of cultural influences on behaviour, beliefs, and practices across different groups. In this study, cross-cultural analysis refers to the systematic comparison of Luo and Luhya women's experiences, attitudes, and behaviours regarding alcoholism treatment.

7. **Social Support**: Emotional, informational, or financial assistance provided by family, friends, and the community. In this study, social support refers to the role of family, peers, and community structures in influencing Luo and Luhya women's decisions to seek treatment for alcoholism.

8. **Gender Norms**: Socially constructed roles and expectations assigned to individuals based on their gender. In the context of this study, gender norms refer to how Luo and Luhya cultural expectations of women impact their ability or willingness to seek alcoholism treatment.

9. **Rehabilitation Centers**: Institutions that provide treatment and support for individuals recovering from substance use disorders. In this study, rehabilitation centers refer to formal institutions that offer alcoholism treatment programs for women.

10. **Non-Governmental Organizations (NGOs)**: Independent organizations that provide services, advocacy, and support for various social issues, including health and addiction recovery. In this study, NGOs refer to organizations involved in alcohol rehabilitation, awareness campaigns, and support programs for Luo and Luhya women struggling with alcoholism.

Chapter Summary

Chapter One laid the groundwork for this study by introducing the research topic and situating it within the context of rising alcoholism rates among Kenyan women. It began with a discussion of the background and significance of examining help-seeking behaviour through a cultural lens, before clearly defining the problem and articulating the study's purpose. The chapter then outlined the general and specific objectives, posed the key research questions, and stated the hypotheses to be tested. A justification of the study demonstrated its relevance

to policymakers, healthcare providers, community leaders, and scholars, while the scope and delimitations clarified the geographical, academic, and sectoral boundaries. Potential limitations were acknowledged along with strategies to address them, and operational definitions of key terms ensured conceptual clarity.

Looking ahead, Chapter Two will critically review the literature on alcoholism and health-seeking behaviour, with emphasis on cultural models, gender norms, and cross-cultural comparisons. Chapter Three will present the research methodology, detailing the design, population, sampling, data-collection instruments, and analytical procedures, as well as ethical considerations. Chapter Four will report the quantitative findings, interpret statistical results in light of the research objectives, and discuss their theoretical and practical implications. Finally, Chapter Five will summarize the study's main conclusions, offer recommendations for policy and practice, and suggest avenues for future research.

LITERATURE REVIEW

Introduction

This chapter reviews the literature pertinent to understanding how cultural influences shape help-seeking behaviour for alcoholism treatment among Kenyan women, with particular emphasis on the Luo and Luhya communities. It begins by outlining the theoretical foundations that anchor this study: the Health Belief Model, which elucidates how perceptions of susceptibility, severity, benefits, and barriers inform health-related decision making; the Theory of Planned Behaviour, which highlights the roles of attitudes, subjective norms, and perceived behavioural control in forming intentions; Social Cognitive Theory, which emphasizes the impact of observational learning, social reinforcement, and self-efficacy; and Hofstede's Cultural Dimensions Theory, which provides a macro-level lens on how collectivism, masculinity, and power distance mold societal expectations and norms. By integrating these four frameworks, this review establishes a robust conceptual scaffold for examining both the individual and collective factors that influence whether and how women seek treatment for alcohol use disorders.

Following the theoretical overview, this chapter surveys empirical research on alcoholism and treatment-seeking behaviours among women, particularly within African and Kenyan contexts. It examines studies on the prevalence and gendered dimensions of alcohol use, the influence of cultural norms and stigma on help-seeking, and the effectiveness of various formal and informal intervention pathways. Barriers such as financial constraints, familial opposition, and limited service availability are contrasted with facilitators like peer support, community outreach, and awareness programs. A critical appraisal of existing scholarship reveals gaps most notably, a paucity of work focusing on ethnic-specific cultural dynamics among women highlighting the need for the present cross-cultural analysis of Luo and Luhya women. This synthesis of theory and evidence provides the foundation for the study's methodology and informs the interpretation of its findings in subsequent chapters.

Theoretical Review

These theories offer frameworks for understanding how cultural influences help-seeking behaviour for alcoholism treatment among Kenyan women. The selected theories include Health Belief Model (HBM), Theory of Planned Behaviour (TPB), Social Cognitive Theory (SCT), and Cultural Dimensions Theory. Each theory is critically analyzed with respect to its strengths, weaknesses, and relevance to the study.

Health Belief Model (HBM)

Health Belief Model (HBM) was originally developed in the 1950s by Rosenstock (1974) and Becker (1974), it explains health-seeking decisions through six constructs: perceived susceptibility (belief in personal risk), perceived severity (seriousness of consequences), perceived benefits (effectiveness of action), perceived barriers (obstacles to action), cues to action (triggers), and self-efficacy (confidence in one's ability). In the context of Luo and Luhya women, the HBM illuminates why some recognize the dangers of alcoholism motivating treatment while others, influenced by cultural norms that normalize drinking or emphasize traditional healing, underestimate personal risk or doubt formal care's benefits. Stigma, family disapproval, cost, and limited clinic access constitute powerful perceived barriers, whereas family encouragement or witnessing peers' recoveries act

as cues to action. Self-efficacy determines whether women feel capable of overcoming these barriers. The HBM serves as the anchor theory because it directly addresses the individual decision-making processes underpinning help-seeking behaviour, distinguishing it from broader social theories. It is widely validated in public health and addiction research (Champion & Skinner, 2008). However, its focus on individual perceptions neglects social and environmental influences critical in collectivist settings (Hayes, 2012), overlooks habitual and emotionally driven aspects of addiction, and does not fully account for community or familial decision-making dynamics. Despite these limitations, the HBM's structured framework offers a robust starting point for analyzing why Luo and Luhya women do or do not seek treatment for alcoholism.

Theory of Planned Behaviour (TPB)

Ajzen's (1991) Theory of Planned Behaviour extends the earlier Theory of Reasoned Action by adding perceived behavioural control to the core constructs of attitudes and subjective norms, thereby accounting for factors that facilitate or impede actual behaviour. In this study, TPB helps explain Luo and Luhya women's intentions to seek alcoholism treatment. A positive attitude like believing formal help will improve health encourages treatment-seeking, while viewing it as ineffective or culturally inappropriate deters action. Subjective norms reflect family and community approval or stigma: supportive networks boost intentions, whereas traditional expectations that conceal female alcoholism inhibit them. Perceived behavioural control confidence in overcoming obstacles like cost, distance, or judgment determines whether intentions translate into real treatment-seeking. TPB's strength lies in integrating internal beliefs with external social pressures, making it well-suited for examining help-seeking in contexts where cultural stigma and gender roles constrain agency (Tapera et al., 2020). However, it assumes intentions reliably predict behaviour, overlooking habitual or emotionally driven actions common in addiction (Faries, 2016). Despite this limitation, TPB provides a clear framework for understanding how attitudes, norms, and control perceptions intersect to shape help-seeking decisions among women facing alcoholism.

Social Cognitive Theory (SCT)

Bandura's Social Cognitive Theory (1986) highlights how observational learning, self-efficacy, and environmental factors interact to shape behaviour. For Luo and Luhya women, observing peers who successfully complete alcoholism treatment can model positive outcomes which will improve health, social acceptance, or economic stability and encourage help-seeking, whereas witnessing stigma or rejection will discourage it. Self-efficacy, or confidence in overcoming cultural stigma, family disapproval, and financial barriers, determines whether intentions translate into action. Environmental influences like community attitudes, family expectations, and local norms around alcoholism will also further restrained these processes. SCT's strength lies in foregrounding social support and cultural context, making it well suited to collectivist societies where community networks strongly influence decisions (Hayes, 2012). However, it may underestimate individual autonomy and intrinsic motivation and lacks precise mechanisms for predicting when observational learning leads to behaviour change (Maddux, 1995). Despite these limitations, SCT provides a valuable lens for understanding how social and cultural networks shape women's decisions to seek alcoholism treatment.

Cultural Dimensions Theory

Hofstede's Cultural Dimensions Theory (1980, 2011) outlines how core cultural values particularly individualism vs. collectivism, masculinity vs. femininity, and power distance shape social norms and decision-making. In collectivist Luo and Luhya societies, community approval is paramount: women may forgo treatment for fear of family or communal judgment, whereas supportive networks can encourage help-seeking. High power distance further limits women's autonomy, as treatment decisions often require consent from male elders or spouses. This theory's strength lies in its structured cross-cultural lens, highlighting how gender roles and hierarchical norms create barriers to care. However, it assumes cultural uniformity and underestimates individual agency and the influence of socioeconomic factors. Despite these limitations, Hofstede's framework offers valuable insight into the macro-level cultural constraints and enablers affecting Luo and Luhya women's alcoholism treatment choices.

General Literature Review

Conceptualizing Help-Seeking Behaviour for Alcoholism Treatment

Help-seeking behaviour refers to the process by which individuals recognize health problems, decide to seek assistance, and take action to access appropriate services (Yonemoto & Kawashima, 2023). In the context of alcoholism treatment, help-seeking behaviour encompasses the decision-making process involved in acknowledging alcohol dependence, assessing available treatment options, and engaging with healthcare professionals or alternative treatment sources. This behaviour can be influenced by psychological, social, and cultural factors that shape individuals' willingness to seek professional or informal assistance. This process is typically categorized into three main stages: self-recognition of the problem, decision-making, and accessing treatment services (Van den Broek et al., 2023). Self-recognition of alcoholism involves an individual's awareness of problematic drinking patterns. This stage is crucial as denial or lack of awareness may prevent an individual from acknowledging the need for intervention. Decision-making refers to the psychological and social factors that influence whether an individual seeks help. Accessing treatment services involves engaging with either formal or informal support systems, the preference for either approach is often dictated by cultural norms and beliefs, which influence how alcoholism is perceived and treated within a given community.

Cultural Influences on Help-Seeking Behaviour

Culture plays a central role in shaping attitudes toward health and illness, influencing both perceptions of alcoholism and the decision to seek treatment. Cultural norms, values, and traditions often dictate whether alcoholism is seen as a medical issue, a moral failing, or a spiritual imbalance (Sudhinaraset et al., 2016). Among Luo and Luhya communities in Kenya, cultural perceptions regarding alcoholism and treatment can act as either facilitators or barriers to help-seeking behaviour. One significant cultural factor is stigma, which is commonly attached to alcoholism, particularly for women. Many African societies view female alcohol consumption as inappropriate, and women suffering from alcoholism may face social exclusion and discrimination. This stigma discourages women from seeking professional help, as acknowledging alcohol dependence could result in loss of social status or familial rejection. Gender roles further influence help-seeking behaviour, as women are often expected to fulfill caregiving responsibilities and maintain family honour, making it difficult for them to admit to having an alcohol problem. In addition, community expectations regarding treatment vary across cultures. In some traditional settings, reliance on herbal remedies, spiritual interventions, or ancestral healing may be preferred over medical rehabilitation. The interplay between cultural beliefs and help-seeking behaviour underscores the need to understand how Luo and Luhya traditions influence women's willingness to access alcoholism treatment.

Gender Norms and Alcoholism in Luo and Luhya Communities

Gender norms significantly impact patterns of alcohol consumption and help-seeking behaviour among women. In many patriarchal societies, including Luo and Luhya communities, drinking is traditionally associated with men, while women who consume alcohol are often viewed negatively. This cultural double standard makes it difficult for women to openly acknowledge their struggles with alcoholism or seek professional help. Hofstede's (2011) Masculinity vs. Femininity dimension of cultural values is useful in understanding gender roles in relation to alcoholism. In highly masculine cultures, traditional gender roles dictate that men are dominant figures and women are expected to be submissive caregivers. In such settings, women who drink may be seen as violating social norms, leading to increased stigma and reluctance to seek treatment. Conversely, in more feminine cultures, where gender roles are less rigid, women may feel more empowered to seek help. Another factor influencing help-seeking behaviour is the perception of female alcoholism as a moral failing rather than a health issue (Sudhinaraset et al., 2016). Women struggling with alcoholism may be judged more harshly than men, making them less likely to disclose their condition. Moreover, women's roles within their families also shape their ability to seek treatment. Many Luo and Luhya women are primary caregivers, and their domestic responsibilities may prevent them from prioritizing their own health needs (Britton, 2023).

Barriers to Alcoholism Treatment Among Women

Women seeking alcoholism treatment encounter a range of structural, cultural, financial, and psychological barriers. Cultural stigma like fearing labels of moral failure or irresponsibility discourages many from admitting alcohol problems, particularly in tight-knit Luo and Luhya communities where reputation is paramount (Pinedo et al., 2020). Geographic barriers in rural Kenya further limit access, as formal rehabilitation centers are often distant or unavailable (Magaqa et al., 2021). Financial dependence on spouses or families makes treatment costs prohibitive, while male-dominated household norms and social expectations that women "endure in silence" inhibit independent help-seeking. Overcoming these obstacles demands interventions attuned to women's economic realities, family dynamics, and cultural values.

Cross-Cultural Perspectives on Help-Seeking Behaviour

Understanding differences in help-seeking patterns among Luo and Luhya women provides insight into how ethnic and regional variations shape treatment-seeking behaviour. The Luo, a Nilotic ethnic group, and the Luhya, a Bantu ethnic group, have distinct traditional beliefs, which may influence alcoholism perceptions differently. Luo women may have different cultural justifications for alcohol use compared to Luhya women, influencing their willingness to seek help. The level of collectivism vs. individualism within each community may also affect help-seeking behaviour (Hofstede, 2011). More collectivist cultures may emphasize family and community approval before seeking treatment, whereas more individualistic cultures may allow for greater personal autonomy in health decisions. These cross-cultural insights highlight the need for ethnically tailored interventions to improve alcoholism treatment outcomes.

Empirical Literature Review

Empirical Studies on Help-Seeking Behaviour for Alcoholism Treatment

Empirical research in Kenya underscores the effectiveness of culturally adapted interventions in promoting treatment uptake but reveals gaps in understanding gender-specific challenges. For instance, Papas et al. (2021) demonstrated that a group-based cognitive-behavioural therapy tailored to local norms significantly reduced hazardous drinking among 614 HIV-infected outpatients in Eldoret. Although promising, its focus on patients with HIV limits generalizability, and it did not explore women's unique treatment barriers. Wechsberg et al. (2022) reviewed behavioural and structural substance-use interventions across Africa, highlighting that program addressing gender-based violence and mental health needs yield better help-seeking outcomes. However, their broad scope did not isolate alcohol-specific or Kenyan cultural contexts. Similarly, Daliri et al. (2024) identified stigma, low awareness, and service gaps as key barriers to mental health care among Kenyan youth, advocating community-based, adolescent-friendly services. While focused on adolescents and mental health broadly, these findings echo the importance of culturally sensitive, community-driven approaches suggesting that similar models could enhance alcoholism treatment access among women. Together, these studies validate culturally informed interventions yet reveal a lack of gender-focused research on women's help-seeking for alcoholism. They point to the need for future work that examines gender-specific barriers and facilitators particularly in Luo and Luhya communities to design more inclusive, effective treatment programs.

Cultural Factors Influencing Help-Seeking Behaviour

Cultural norms and traditions in Kenya exert profound effects on women's willingness to seek alcoholism treatment. Stigma is especially potent: in rural western Kenya, alcohol use by women is taboo, leading to fear of ostracism and underreporting (Mungai & Midigo, 2019). Although studies on men (e.g., Patel et al., 2020) highlight how masculine provider roles intensify shame, women face even greater societal judgment, compounding barriers to care. Religious and traditional beliefs further complicate help-seeking: attributing alcoholism to spiritual failings drives many to religious or traditional healers rather than medical professionals, leaving clinical needs unmet (Mungai & Midigo, 2019). Finally, awareness and acceptability of formal services remain low, as seen in Nairobi's primary care settings, where limited knowledge of treatment options and persistent cultural stigmas discourage utilization (Kendagor et al., 2018). These findings underscore the necessity

for culturally tailored interventions that both increase service awareness and directly confront stigma and spiritual–moral attributions of alcoholism.

Barriers to Alcoholism Treatment Among Women

Women face multiple, intersecting obstacles to seeking alcoholism treatment. Cultural stigma which is rooted in expectations that women be caregivers intensifies shame and drives secrecy, as shown in South African data revealing higher stigma-related deterrence among women (Nyashanu & Zirima, 2023). Financial and access barriers, including transportation costs, unaffordable care, and scarce local services, further limit treatment uptake, particularly in low-income settings. Social and familial pressures, such as fear of losing child custody or community judgment, discourage help-seeking, while low self-efficacy, fueled by past failed attempts and lack of support, undermines women's confidence to engage with treatment programs. These findings underscore the need for affordable, stigma-free, family-inclusive, and empowerment-focused interventions tailored to women's realities.

Cross-Cultural Variations in Help-Seeking Behaviour

Research shows that cultural and ethnic backgrounds shape how women seek alcoholism treatment. In the U.S., Verissimo and Grella (2017) found that women across racial groups report greater stigma-related barriers than men, while African American and Latino adults face more structural hurdles to culturally competent care. In Kenya, Musyimi et al. (2017) reported a strong preference for traditional healers driven by spiritual interpretations of alcoholism delaying formal treatment, though their study did not differentiate by gender or ethnic subgroup. Historical comparisons of Black and Anglo women in Western contexts suggest that Black women often rely on informal supports like church groups due to mistrust of formal services, but such findings may not reflect today's African realities. Overall, these studies highlight the necessity of current, ethnicity-specific research to understand how Luo and Luhya cultural norms uniquely influence women's decisions to seek, delay, or avoid formal alcoholism treatment.

Strategies for Enhancing Help-Seeking Behaviour

Empirical evidence supports several approaches to boost treatment uptake among women with alcohol problems. Community-based programs that integrate culturally relevant content and peer workshops such as those piloted in rural Kenya have reduced harmful drinking and delivered socioeconomic benefits (Takahashi et al., 2018), though women-specific data remain sparse. Culturally adapted therapies that address co-occurring issues like gender-based violence and mental health needs improve engagement (Wechsberg et al., 2022), while family-involved models leverage close kin to motivate treatment entry, warranting adaptation for African contexts. Embedding alcohol services within primary healthcare through supportive policies can reduce access barriers, though more evaluation is needed. Finally, peer-support networks offer shared experiences that reduce stigma and bolster self-efficacy, suggesting a promising avenue for women-focused interventions.

Summary of Knowledge Gaps

The review of theoretical and empirical literature reveals significant gaps in research on cultural influences on help-seeking behaviour for alcoholism treatment among women, particularly Luo and Luhya women in Kenya. While existing studies have explored general help-seeking behaviours, treatment barriers, and cultural impacts on health decisions, there is a notable lack of gender-specific and ethnic-specific analyses focusing on these communities. Key gaps include the limited research on Luo and Luhya women's help-seeking behaviour, as most studies in Kenya concentrate on general populations or men. Additionally, intervention strategies for alcohol treatment often rely on Western approaches without sufficient adaptation to the cultural contexts of Kenyan communities. There is also a lack of cross-cultural comparative studies analyzing how different ethnic groups, such as the Luo and Luhya, differ in their help-seeking behaviours. Furthermore, while gender norms and power dynamics play a critical role in health decisions, few studies explicitly investigate how masculinity, femininity, and power distance affect women's autonomy in seeking alcoholism treatment. Lastly, there is insufficient research on how healthcare policies, financial constraints, and treatment accessibility specifically

hinder women's ability to seek help for alcoholism, highlighting the need for more targeted policy and structural support.

Table 2.1: Summary of Knowledge Gaps in the Literature

Author(s) & Year	Area of Study	Key Study Findings	Identified Knowledge Gaps	How the Current Study Will Address the Gaps
Memiah et al. (2022)	Mental Health Gaps and Recommendations in Kenya	Found that stigma and cultural beliefs hinder alcohol treatment-seeking among Kenyans	Did not examine gender-specific and ethnic variations among Luo and Luhya women	The current study will focus on women from these two ethnic groups to provide gender-sensitive and culturally relevant insights
Wechsberg et al. (2022)	Substance use interventions in Africa	Highlighted the effectiveness of gender-sensitive interventions in addressing alcohol abuse	Did not assess the role of ethnicity and cultural norms in treatment-seeking behaviours	This study will explore how Luo and Luhya cultural norms shape women's treatment-seeking decisions
Ndetei et al. (2023)	Mental health care access in Kenya	Identified financial and infrastructural barriers to treatment	Lacked focus on gender-specific barriers for alcoholism treatment	The study will analyze financial and social barriers specific to Luo and Luhya women
Belete et al. (2024)	Alcohol use in sub-Saharan Africa	Reported that collectivist cultures have strong family influences on health-seeking behaviours	Did not explore how collectivism differs between ethnic groups and its impact on help-seeking behaviour	This study will compare collectivist tendencies between Luo and Luhya women
Musyimi et al. (2017)	Traditional healing and alcoholism treatment	Found that many Kenyans prefer traditional healers over formal treatment	Did not assess the acceptability of formal alcoholism treatment across different ethnic groups	The study will examine both formal and informal treatment preferences among Luo and Luhya women
Ganafa et al. (2025)	Gender and health-seeking behaviour in East Africa	Identified that patriarchal structures limit women's decision-making in seeking health services	Did not explore power distance specifically in alcoholism treatment decisions	The study will analyze how power distance influences help-seeking behaviour in Luo and Luhya communities

Conceptual Framework

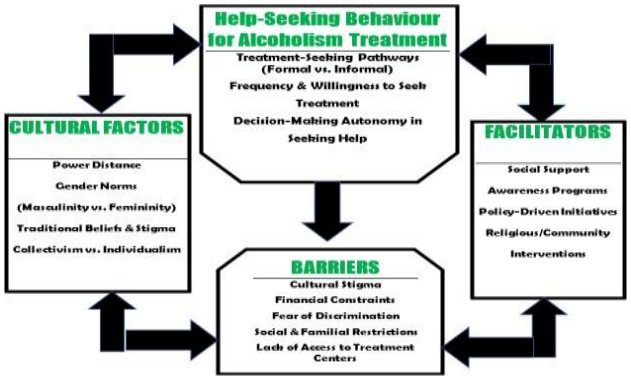

Figure 2.1: Conceptual Framework for Cultural Influences on Help-Seeking Behaviour for Alcoholism Treatment.

Note

1. **Cultural Factors** (Independent Variable I): This includes **collectivism vs. individualism, gender norms (masculinity vs. femininity), power distance, traditional beliefs about alcoholism,** and **stigma associated with alcoholism and treatment**.

2. **Facilitators** (Independent Variable II): These include social support, awareness programs, religious/community interventions, and policy-driven initiatives.

3. **Barriers**: These are barriers like cultural stigma, fear of discrimination, financial constraints, lack of access to treatment centers, social and familial restrictions, and low self-efficacy.

4. **Help-Seeking Behaviour for Alcoholism Treatment (Dependent Variable): This will be** measured through **treatment-seeking pathways (formal vs. informal), frequency and willingness to seek treatment**, and **decision-making autonomy in seeking help**.

DISCUSSION

This study's findings underscore how cultural norms and social structures jointly shape Luo and Luhya women's decisions to seek alcoholism treatment. In collectivist settings, family and community opinions carry great weight; stigma around female drinking viewed as moral failure often silences women and deters formal help (Hofstede, 2011). High power distance further limits autonomy, as elders or husbands may control treatment decisions and resources (Dai et al., 2020). Economic constraints and scarce rural services reinforce reliance on traditional healers or faith-based remedies (McCaul et al., 2019). Despite these barriers, social support networks, including peer groups and community champions, can encourage treatment-seeking, while public awareness campaigns and subsidized programs reduce stigma and financial obstacles (Ahad et al., 2023). Integrating traditional leaders into formal care fosters trust and cultural alignment, enhancing uptake. Cross-cultural variations emerge: urban Luo women, exposed to Western models, show greater openness to formal treatment, whereas Luhya women's strong emphasis on family honour and male authority can heighten resistance and preference for spiritual interventions (Rajkumar, 2023). Recognizing these differences is vital for designing gender-responsive, community-based interventions that respect traditions while expanding access. By illuminating these dynamics, the study contributes to targeted strategies that bridge cultural values and modern treatment for more effective alcoholism recovery among Kenyan women.

Summary

This chapter integrated theoretical frameworks such as the Health Belief Model, Theory of Planned Behaviour, Social Cognitive Theory, and Hofstede's Cultural Dimensions to explain how perceived risks, social norms, observational learning, and cultural values influence Luo and Luhya women's decisions to seek alcoholism treatment. Empirical studies showed that collectivist norms, high power distance, and traditional gender roles foster stigma and deter formal help, while Western influences, peer modeling, and culturally tailored messaging can facilitate treatment uptake. Key barriers include stigma, financial constraints, limited service access, and reliance on traditional healers; facilitators encompass social support networks, community engagement, awareness campaigns, and policy-driven subsidies. Cross-cultural differences emerged, with urban Luo women more inclined toward formal care and rural Luhya women favouring spiritual remedies. Identified gaps notably the absence of ethnic-specific research on women, the influence of male gatekeepers, and methods for integrating traditional and medical treatments which highlight the need for culturally adapted, gender-responsive interventions to improve treatment-seeking among Kenyan women.

RESEARCH METHODOLOGY

Introduction

This chapter presents the research methodology that will be employed to investigate the cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. The chapter provides

a detailed discussion of the research design, target population, sampling techniques, data collection methods, and data analysis procedures. The rationale for selecting specific methodologies is also explained, highlighting their suitability for addressing the research problem and answering the study's research questions. Additionally, ethical considerations that will guide the study are outlined to ensure compliance with research standards and the protection of participants' rights. The chosen research methods align with the study's objectives, allowing for an in-depth exploration of how cultural values, societal norms, and structural barriers impact women's decisions to seek treatment for alcoholism. The justification for the selected methodology is provided, emphasizing why alternative methods were not deemed appropriate for this study.

Philosophical underpinnings

This study is guided by pragmatism, which bridges interpretivist and positivist traditions to capture both the subjective meanings and objective patterns of help-seeking behaviour among Luo and Luhya women. From an interpretivist stance, it acknowledges that cultural norms, gender roles, stigma, and personal narratives shape women's perceptions of alcoholism and treatment. Simultaneously, a positivist orientation drives the use of structured, quantitative surveys standardized self-report scales to identify statistical relationships among beliefs, barriers, and treatment uptake. By combining these approaches, the research can illuminate how deep-seated cultural influences operate in lived experience while also revealing broader trends that support evidence-based, culturally responsive interventions.

Research Design

This study adopts a cross-sectional survey design to explore the cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women. The cross-sectional approach allows data to be collected at a single point in time, providing a snapshot of prevailing cultural attitudes, barriers, and facilitators influencing treatment-seeking behaviour. This design is suitable for capturing the factors shaping help-seeking decisions without requiring long-term participant follow-up. The study employs a descriptive approach to systematically outline patterns of help-seeking behaviour, examining how cultural norms, social structures, and gender roles shape women's decisions to seek alcoholism treatment. This ensures an accurate representation of the existing situation among Luo and Luhya women, offering insights into the cultural dynamics affecting treatment-seeking. Additionally, the exploratory aspect of the design investigates understudied areas, such as cross-cultural variations in alcoholism treatment-seeking, to uncover new themes, perspectives, and motivations influencing women's decisions. By combining descriptive and exploratory elements within a cross-sectional framework, the study addresses both the measurable trends and the underlying reasons behind cultural influences on help-seeking behaviour, providing a comprehensive understanding of the phenomenon. This approach ensures the research captures existing patterns while uncovering new insights to inform interventions and policy recommendations for improving alcoholism treatment uptake among Kenyan women.

Population of the Study

The population of this study comprises Luo and Luhya women in Kenya who have experienced alcohol dependence and either sought or not sought treatment. The study focuses on women from Western Kenya and the Lake Victoria region, where both ethnic groups predominantly reside. Specifically, the study targets individuals from Kakamega, Bungoma, Vihiga, and Busia counties (representing the Luhya community) and Kisumu, Siaya, Homa Bay, and Migori counties (representing the Luo community). These regions have been selected due to their cultural significance and the prevalence of alcohol use concerns among women in these communities. The study population includes women who may have accessed treatment through rehabilitation centers, community health clinics, religious counselling centers, and support groups. Additionally, women who have struggled with alcoholism but have not sought professional help will also be included to explore the cultural and structural barriers influencing treatment-seeking behaviour. The findings of this study will provide insights into how cultural norms, stigma, and support systems impact their decisions to seek or avoid treatment, contributing to a more culturally responsive approach to alcoholism interventions in Kenya.

Target Population

The target population for this study consists of Luo and Luhya women in Kenya who have experienced alcohol dependence and are either seeking or have sought treatment, as well as those who have not pursued any form of professional intervention. The study will focus on women residing in Western Kenya (Kakamega, Bungoma, Vihiga, and Busia counties) and the Lake Victoria region (Kisumu, Siaya, Homa Bay, and Migori counties), where both ethnic groups predominantly live. The study specifically targets women receiving or who have previously received treatment for alcoholism in rehabilitation centers, community health clinics, religious counseling centers, and support groups. Additionally, the study includes women struggling with alcoholism but who have not accessed formal treatment to explore cultural and structural barriers to help-seeking. Professionals such as healthcare providers, religious leaders, and community support group facilitators may also be considered for supplementary insights on treatment-seeking trends and barriers within these ethnic groups.

Sample Size

The sample size for this study will be drawn from a subset of rehabilitation centers, community health clinics, religious counselling centers, and support groups within the Western Kenya region (Kakamega, Bungoma, Vihiga, and Busia counties) and the Lake Victoria region (Kisumu, Siaya, Homa Bay, and Migori counties). To enhance the validity and reliability of findings, the sample will include women who have sought formal alcoholism treatment, those who have not, and key informants such as health professionals, religious leaders, and community support facilitators. The sample size will be determined using Cochran's formula, and a stratified sampling approach will be used to ensure equal representation of both Luo and Luhya women, as well as variations in treatment-seeking behaviour based on geographical location (urban vs. rural settings). The final sample size will be justified based on statistical power requirements in the analysis, ensuring the study achieves meaningful insights into the cultural influences on alcoholism treatment-seeking behaviour among Luo and Luhya women in Kenya.

Sampling Techniques

To capture diverse perspectives among Luo and Luhya women, this study uses a stratified purposive sampling approach. Participants are first grouped by ethnicity (Luo vs. Luhya), location (urban vs. rural), and treatment history (treated vs. untreated), then purposively selected for relevant experiences whether they are women who have navigated alcoholism treatment, professionals at rehabilitation or community clinics, or faith and community leaders offering counselling. To reach those reluctant to discuss formal treatment, snowball sampling will be employed, whereby initial participants refer peers who have faced alcoholism but may not have sought care. This combined strategy ensures both representation across key subgroups and depth of insight into cultural barriers and facilitators influencing help-seeking behaviour.

Sampling Criteria

Inclusion Criteria

1. Must be a woman from Luo or Luhya ethnicity who have either sought treatment for alcoholism or have experienced alcohol dependence but have not sought formal treatment.

2. Must be aged 18 years and above, ensuring that participants are legally considered adults and capable of making independent decisions about treatment-seeking.

3. Must be residing in Western Kenya (Kakamega, Bungoma, Vihiga, Busia) or Lake Victoria region (Kisumu, Siaya, Homa Bay, and Migori), as these are the primary areas of interest for the study.

4. Must be willingness to participate in the study, including informed consent to share personal experiences or professional insights.

Exclusion Criteria

1. Men and individuals from other ethnic groups outside the Luo and Luhya communities, as the study focuses specifically on the cultural influences affecting Luo and Luhya women.

2. Women who do not have a history of alcohol dependence or treatment-seeking behaviour, as they may not provide relevant insights into the research questions.

3. Individuals below 18 years of age, as they may not have full autonomy in decision-making related to treatment-seeking.

4. Participants unwilling or unable to provide informed consent, ensuring ethical considerations and voluntary participation.

5. Women currently undergoing treatment in inpatient rehabilitation centers, as their participation may be restricted by institutional policies or treatment protocols.

Data Collection Instruments

A structured questionnaire will be utilized as the primary data collection instrument. The questionnaire will consist of five sections designed to gather relevant information on participants' demographic characteristics, cultural influences, and help-seeking behaviour regarding alcoholism treatment.

Section A: Bio-Data

This section will collect sociodemographic information about participants, including: age, ethnicity (Luo or Luhya), level of education, marital status, employment status, religious affiliation, residential location (rural or urban), and history of alcohol use and treatment-seeking behaviour.

Section B: General Help-Seeking Questionnaire (GHSQ)

The General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005) measures individuals' likelihood of seeking support for alcohol-related issues from various sources which include family, friends, healthcare professionals, religious leaders, and traditional healers using a 7-point Likert scale (1 = Extremely Unlikely to 7 = Extremely Likely). With robust psychometric support ($\alpha = .85$) and validated cross-culturally, the GHSQ captures how cultural, social, and psychological factors shape help-seeking intentions. For this study, items will be tailored to include local treatment options and indigenous practices, enabling an assessment of the relative willingness of Luo and Luhya women to approach different formal and informal helpers.

Section C: Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT (WHO, 1989; Saunders et al., 1993) is a 10-item, 5-point screening tool assessing hazardous use (items 1-3), dependence symptoms (4-6), and harmful drinking (7-10). Scores range 0-40 (0-7 = low risk; 8-15 = hazardous; 16-19 = harmful; ≥20 = possible dependence). With excellent reliability ($\alpha = .81–.94$) and sensitivity/specificity >90% across cultures, the AUDIT offers a standardized, adaptable measure of alcohol consumption and related problems. In this study, it will quantify drinking severity among Luo and Luhya women, informing how consumption levels intersect with cultural influences on treatment-seeking behaviour.

Section D: Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS (Zimet et al., 1988) is a 12-item scale measuring perceived support from family, friends, and significant others, each subscale comprising four items rated on a 7-point Likert scale (1 = Very Strongly Disagree to 7 = Very Strongly Agree). Total scores range 12-84, with higher values denoting stronger support (12-35 = low, 36-60 = moderate, 61-84 = high). The MSPSS demonstrates excellent reliability ($\alpha = .85-.95$) and construct validity across cultures, correlating with mental health outcomes (Wongpakaran et al., 2011). Sample items include "My family really tries to help me" and "I can count on my friends when things go wrong." In this

study, the MSPSS will assess how social networks facilitate or inhibit Luo and Luhya women's decisions to seek formal alcoholism treatment, shedding light on the interaction between social support and cultural influences on help-seeking behaviour.

Section F: Brief COPE Inventory

The Brief COPE (Carver, 1997) is a 28-item questionnaire assessing 14 coping styles with two items each for problem-focused (e.g., active coping, planning), emotion-focused (e.g., acceptance, positive reframing), and avoidant strategies (e.g., self-distraction, substance use) and rated on a 4-point scale from "haven't been doing this" to "I've been doing this a lot." With subscale reliabilities of $\alpha = .64$-$.90$ and strong construct validity against measures of distress and resilience (Adams et al., 2021), it efficiently captures how individuals manage stress. In this study, it will reveal whether Luo and Luhya women rely more on adaptive (problem- or emotion-focused) versus maladaptive (avoidant) coping in the context of alcohol dependence, illuminating how these strategies interact with cultural norms and social support to influence their treatment-seeking behaviour.

Types of Data

This study will utilize both primary and secondary data to comprehensively explore the cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. Primary data will be collected directly from the participants through structured questionnaires, which will include standardized psychological scales such as the General Help-Seeking Questionnaire (GHSQ), Alcohol Use Disorders Identification Test (AUDIT), Multidimensional Scale of Perceived Social Support (MSPSS), and Brief COPE Inventory. This data will capture individual experiences, perceptions, and coping strategies related to alcoholism and treatment-seeking behaviour. Secondary data will be gathered from existing literature, reports, and policy documents on alcohol use, cultural attitudes towards help-seeking, and treatment accessibility in Kenya. Sources will include peer-reviewed journal articles, government publications, reports from non-governmental organizations (NGOs), and previous research studies focusing on alcoholism and mental health in African communities. The study will employ a quantitative data to enhance the depth and validity of findings. Quantitative data will be derived from the structured questionnaire responses, providing measurable insights into the prevalence, patterns, and determinants of help-seeking behaviour.

Data Collection Procedures

After securing ethical approval and local permissions, trained research assistants will administer structured questionnaires either self- or researcher-administered depending on literacy at rehabilitation centers, community clinics, religious counseling sites, and support groups across Western Kenya and the Lake Victoria region. Eligible Luo and Luhya women will be invited to participate voluntarily; informed consent will emphasize anonymity and confidentiality to reduce social-desirability bias. Questionnaires cover demographics and the GHSQ, AUDIT, MSPSS, and Brief COPE scales. Assistants will clarify items for low-literacy respondents, and referrals to mental-health support will be provided if needed. Completed forms will be checked for completeness, securely stored, and later digitized and coded for analysis, all while maintaining strict ethical standards and participant well-being.

Validity and Reliability

Validity

To establish validity, the research instrument will undergo content validity, construct validity, and face validity assessments. Content validity will be ensured by developing the questionnaire based on established theoretical frameworks and validated scales, such as the General Help-Seeking Questionnaire (GHSQ), Alcohol Use Disorders Identification Test (AUDIT), Multidimensional Scale of Perceived Social Support (MSPSS), and Brief COPE Inventory. Experts in psychology, addiction studies, and cultural research will review the instrument to assess whether it comprehensively captures the key study variables -cultural influences, barriers and facilitators, and help-seeking behaviour for alcoholism treatment among Luo and Luhya women. Construct validity will be evaluated through pilot testing, where responses will be analyzed to determine whether the instrument accurately reflects the theoretical constructs under investigation. Factor analysis may be conducted to confirm the

underlying structure of the psychometric scales used in the study. Face validity will be established by ensuring that the questionnaire items are clear, understandable, and culturally appropriate for the target population.

Reliability

Reliability of the research instrument will be assessed through internal consistency. Internal consistency will be measured using Cronbach's alpha coefficient, where a score of 0.70 or higher will indicate acceptable reliability for each scale. The reliability of standardized psychometric instruments such as the GHSQ, AUDIT, MSPSS, and Brief COPE Inventory has already been established in previous studies, but their consistency within the study's cultural context will be re-evaluated.

Operationalization and Measurement of Study Variables

The study variables are operationalized and measured based on theoretical and empirical frameworks. The table below presents the key variables, their definitions, indicators, measurement scales, and data collection tools.

Table 3.1: Operationalization and Measurement of Study Variables

Variable	Definition	Indicators	Measurement Scale	Data Collection Tool
Cultural Influences	The shared beliefs, norms, and values that shape attitudes and behaviours regarding alcoholism treatment.	Gender roles and expectations Collectivism vs. individualism Role of traditional and religious beliefs Social stigma associated with alcoholism	Nominal & Ordinal	Structured Questionnaire (Culturally adapted items)
Barriers to Help-Seeking	Factors that prevent or discourage women from seeking treatment for alcoholism.	Social stigma, Financial constraints Family and spousal influence Limited availability of treatment centers	Ordinal & Interval	Structured Questionnaire (Barriers section)
Facilitators to Help-Seeking	Factors that encourage or enable women to seek treatment for alcoholism.	Social support networks, Awareness campaigns, Cultural acceptance of treatment Availability of affordable healthcare	Ordinal & Interval	Multidimensional Scale of Perceived Social Support (MSPSS)
Help-Seeking Behaviour	The extent to which Luo and Luhya women seek formal or informal treatment for alcoholism.	Willingness to seek help Preference for formal vs. informal treatment Actual help-seeking actions taken	Ordinal	General Help-Seeking Questionnaire (GHSQ)
Alcohol Use Severity	The extent of alcohol dependence and related problems among participants.	Frequency of alcohol use Consequences of alcohol use Quantity of alcohol consumption	Ordinal & Interval	Alcohol Use Disorders Identification Test (AUDIT)
Perceived Social Support	The extent to which individuals believe they receive support from family, friends, and significant others.	Support from friends Support from family Support from significant others	Ordinal	Multidimensional Scale of Perceived Social Support (MSPSS)
Coping Strategies	The strategies women use to manage stress and challenges related to alcoholism.	Problem-focused coping Emotion-focused coping Avoidant coping strategies	Ordinal	Brief COPE Inventory

Unit of Analysis

The unit of analysis for this study refers to the primary entity being analyzed to understand cultural influences on help-seeking behaviour for alcoholism treatment among Kenyan women. In this study, the unit of analysis is individual Luo and Luhya women who have experienced alcohol use issues and may have sought or considered seeking treatment. These women will be drawn from various settings, including rehabilitation centers, community health clinics, religious counselling centers, and support groups in selected counties in Western Kenya (Kakamega, Bungoma, Vihiga, and Busia) and Lake Victoria region (Kisumu, Siaya, Homa Bay, and Migori). The focus on individual women allows for an in-depth examination of their perceptions, attitudes, and experiences regarding alcoholism and help-seeking.

Data Analysis Plan and Data Management

The data collected in this study will undergo quantitative analysis to provide a comprehensive understanding of the cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women. Quantitative data from the questionnaire, including responses from the General Help-Seeking Questionnaire (GHSQ), Alcohol Use Disorders Identification Test (AUDIT), Multidimensional Scale of Perceived Social Support (MSPSS), and Brief COPE Inventory, will be analyzed using descriptive and inferential statistical techniques. Descriptive statistics, such as frequencies, means, and standard deviations, will be used to summarize demographic information and key variables. Inferential statistics, such as t-tests, chi-square tests, correlation analysis, and multiple regression models, will be used to examine relationships between cultural factors, barriers, facilitators, and help-seeking behaviour. The statistical analysis will be conducted using SPSS (Statistical Package for the Social Sciences). To ensure data management and security, all collected data will be stored in password-protected digital files, and any hard copies will be securely locked. Confidentiality of respondents will be maintained by using anonymous identifiers instead of personal information. The data will only be accessed by the principal researcher and authorized personnel involved in data analysis. Once the research is completed, data will be retained for a specified period for verification purposes before being securely deleted or destroyed.

Ethical Considerations

This study will adhere to strict ethical guidelines to protect participants' rights, dignity, and well-being, with ethical approval obtained from a recognized Institutional Review Board or Ethics Committee before data collection begins. Participation will be voluntary, with respondents provided a detailed information sheet explaining the study's purpose, procedures, risks, and benefits. Written consent will be required, ensuring participants understand their rights, including the option to withdraw at any time without consequences. To safeguard privacy, no personally identifiable information will be collected, and responses will be coded and stored securely in password-protected files or locked cabinets. Findings will be presented in a way that prevents individual identification. Given the sensitive nature of alcoholism, measures will be taken to minimize distress, with referrals to counselling or support services offered to participants in need. The study will prioritize cultural sensitivity by respecting the beliefs, traditions, and values of the Luo and Luhya communities, involving consultations with community leaders to ensure cultural appropriateness. Data integrity and security will be maintained through compliance with data protection regulations, with information used solely for academic purposes and securely stored before eventual deletion. The researcher will avoid conflicts of interest, ensuring transparency and impartiality throughout the study. These ethical principles aim to uphold integrity, protect participants, and ensure the study's academic credibility, contributing meaningfully to understanding cultural influences on help-seeking behaviour for alcoholism treatment among Kenyan women.

Summary

This chapter outlined the research methodology for investigating cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. It began by discussing the study's philosophical underpinnings, which informed the research design and methodological choices. The population of the study was identified as women in rehabilitation centers, community health clinics, religious counselling centers, and support groups across selected counties in Western Kenya and around Lake Victoria. The target population was narrowed down, and a sample size was determined using appropriate sampling techniques and

criteria, including specific inclusion and exclusion factors. Data collection instruments such as the GHSQ, AUDIT, MSPSS, and Brief COPE Inventory were detailed, with their psychometric properties, scoring systems, and relevance to the study discussed. The data to be collected was classified as primary and quantitative, with procedures outlined for administering the research instruments. The validity and reliability of the instruments were examined to ensure the credibility of the findings, and the operationalization and measurement of study variables were structured in a matrix. The unit of analysis was established, and a data analysis plan was outlined, detailing the statistical techniques for processing and interpreting the data. Ethical considerations were emphasized to ensure the study's integrity and reliability.

DATA PRESENTATION, ANALYSIS, AND DISCUSSION OF FINDINGS

Introduction

This chapter presents the results of the data analysis, focusing on the descriptive and inferential statistical findings related to the study on cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. The chapter begins with an analysis of the demographic characteristics of the respondents, followed by the presentation of key variables under study. The findings are structured according to the study objectives, with results from hypothesis testing presented using appropriate statistical tools such as regression analysis, correlation analysis, and independent samples t-tests. The descriptive statistics provide insights into the demographic distribution of the study population, including factors such as ethnicity, age, alcohol use history, marital status, residence, education level, religion, and employment status. These variables are crucial in understanding the background characteristics of the respondents and their potential influence on help-seeking behaviour. The inferential statistical analysis assesses the relationships between cultural influences and help-seeking behaviour, testing the proposed hypotheses. The discussion of findings integrates empirical literature and theoretical perspectives from the Health Belief Model (HBM) and other supporting theories to interpret the results. The implications of the findings for policy, practice, and further research are also explored.

Data Presentation, Analysis, and Interpretation

Table 4.1: Summary table showing the distribution of the participants' characteristics across specified demographic variables.

Variable	**Category**	**n(250)**	**n%**
Alcohol Use History	Yes	169	67.6
	No	81	32.4
Ethnicity	Luo	135	54.0
	Luhya	115	46.0
Age	19 – 25 years	91	36.4
	26 – 45 years	113	45.2
	46 years and above	46	18.4
Marital Status	Single	79	31.6
	Married	24	9.6
	Divorced	144	57.6
	Others	3	1.2

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Education	No Education	22	8.8
	Primary School	43	17.2
	Secondary School	116	46.4
	College/University	69	27.6
Employment Status	Govt./County Employed	120	48.0
	Self-Employed	28	11.2
	NGOs Employed	22	8.8
	Unemployed	80	32.0
Religion	Christianity	195	78.0
	Muslims	30	12.0
	Others	25	10.0
Residence	Urban	142	56.8
	Rural	108	43.2

The sample for this study consisted of 250 respondents, with 135 (54.0%) being Luo women and 115 (46.0%) being Luhya women. The age distribution showed that most participants were between 26 and 45 years (45.2%), followed by those aged 19 to 25 years (36.4%), while 18.4% were older than 45 years. Regarding alcohol use history, 169 respondents (67.6%) had a history of alcohol use, while 81 (32.4%) had never consumed alcohol. Marital status data revealed that a significant proportion of participants were divorced (57.6%), while 31.6% were single, 9.6% were married, and 1.2% identified with other categories. Residence data indicated that more respondents lived in urban areas (56.8%) compared to rural areas (43.2%). In terms of education level, 46.4% had completed secondary education, 27.6% had attained college or university education, 17.2% had primary education, and 8.8% had no formal education. Regarding religion, 78.0% of respondents identified as Christians, 12.0% as Muslims, and 10.0% followed other religious affiliations.

Employment status varied, with 48.0% being employed in government or county jobs, 32.0% being unemployed, 11.2% self-employed, and 8.8% working in NGOs. The mean values of key variables provide additional insights into the data distribution. The mean age category was 1.82, suggesting that most participants were between 26 and 45 years old. The mean marital status of 2.28 indicates that a substantial proportion of respondents were either single or divorced. The mean for residence was 1.57, showing that while urban dwellers were slightly more represented, the sample was relatively balanced between urban and rural participants. The mean educational level of 2.93 suggests that most respondents had completed at least secondary education. Overall, these descriptive findings provide a foundational understanding of the sample characteristics, which are crucial for interpreting subsequent analyses on cultural influences, help-seeking behaviour, and barriers to alcoholism treatment. The data suggest that alcohol use history, marital status, and employment conditions may be critical factors influencing treatment-seeking decisions among Luo and Luhya women in Kenya. The next section presents inferential statistical analyses to explore these relationships further.

Hypothesis One

Cultural beliefs and traditions will have a significant influence on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. This was tested using linear regression analysis, and the results are presented in Tables 4.2;

Table 4.2: Linear regression analysis summary table showing results on the influence of resilience on perceived group inclusion

Criterion	Predictors	B	t	p	R	R^2	F	p
Help-Seeking Behaviour	Cultural Beliefs and Traditions	-0.041	0.076	0.258	0.041	0.002	0.424	0.516

The linear regression analysis showed a weak negative correlation ($r = -0.041$, $p = 0.258$), and the model was not statistically significant ($R^2 = 0.002$, $F = 0.424$, $p = 0.516$). The regression equation, Help-Seeking Behaviour $= 4.170 - 0.049 \times$ Cultural Beliefs and Traditions, confirms that cultural beliefs do not significantly predict help-seeking. These findings suggest that, contrary to expectations, cultural beliefs and traditions do not have a significant direct effect on treatment-seeking behaviour. This aligns with the Health Belief Model (HBM), which emphasizes perceived risks, benefits, and barriers over cultural norms. It also supports findings by Ndetei et al. (2023) that cultural attitudes do not always translate into treatment action. Therefore, Hypothesis One is not supported, and other factors such as stigma, financial constraints, or healthcare access may have greater influence as the issues will be explored in subsequent hypotheses.

Hypothesis Two

Societal norms and gender expectations will have a significant influence on attitudes toward alcoholism treatment among Luo and Luhya women. This was tested using linear regression analysis, and the results are presented in Tables 4.3;

Table 4.3: Linear regression analysis summary table showing results on the influence of resilience on perceived group inclusion

Criterion	Predictors	B	t	P	R	R^2	F	P
Attitudes Toward Alcoholism Treatment	Societal Norms and Gender Expectations	-0.011	0.103	0.429	0.011	0.000	0.032	0.858

The linear regression results revealed a very weak, non-significant negative correlation ($r = -0.011$, $p = 0.429$), with an R^2 of 0.000 and $F = 0.032$ ($p = 0.858$), indicating no predictive value. Thus, societal norms and gender expectations do not significantly impact treatment attitudes. These findings contradict prior studies (e.g., Ward et al., 2013) that emphasized gender norms in mental health attitudes but support Ndetei et al. (2023), suggesting such norms may shape perceptions without influencing attitudes directly. The results also align with the Health Belief Model, which emphasizes individual perceptions over societal norms in shaping health attitudes. Therefore, Hypothesis Two is not supported, highlighting the potential dominance of other factors like economic barriers, personal experiences, and healthcare access in shaping attitudes toward alcoholism treatment.

Hypothesis Three

There will be a significant relationship between identified barriers/facilitators and the likelihood of seeking formal or informal alcoholism treatment among Luo and Luhya women. This was tested using correlation analysis and the results are presented in Table 4.4.

Table 4.4: Summary of Table of Correlation Analysis Results Showing the Significant Relationship of identified barriers/facilitators and the likelihood of seeking formal or informal alcoholism treatment among Luo and Luhya women

Variables	N	Mean	SD	R	p-value
Barriers to seeking treatment	250	3.99	0.36980		

				0.356**	.000
Likelihood of seeking treatment	250	3.88	0.91580		

** Correlation is significant at the 0.01 level (2-tailed).

the participants reported moderate-to-high barriers (M = 3.99, SD = 0.37) and a similar willingness to seek help (M = 3.88, SD = 0.92). A moderate, positive correlation (r = .356, p < .01) indicates that as barriers increase such as stigma, cost, limited access, and family restrictions women remain inclined to pursue treatment, often via alternative pathways. This pattern mirrors finding by Yimer et al. (2023), who observed that barriers delay or redirect help-seeking rather than eliminate it. The result also aligns with the Health Belief Model: women who acknowledge barriers still take action if the perceived benefits outweigh the costs. Because the relationship is statistically significant, Hypothesis Three is supported, suggesting that interventions should not only lower barriers but also strengthen perceived benefits through enhanced social support, financial assistance, and stigma reduction to guide women toward timely and effective alcoholism treatment.

Hypothesis Four

There will be a significant difference between Luo and Luhya women in their help-seeking behaviour for alcoholism treatment. This was tested using t-test for independent samples and the results are presented in Table 4.5.

Table 4.5: Summary of Table of Independent T-Test Results Showing the Significant Influence of ethnicity on help-seeking behaviour for alcoholism treatment

Ethnicity	**N**	**Mean**	**SD**	**Df**	**T**	**P**
Luo	135	4.02	0.75153			
				248	247.984	0.026
Luhya	115	3.91	0.64500			

An independent-samples t-test compared help-seeking scores between Luo (M = 4.02, SD = 0.75, n = 135) and Luhya women (M = 3.91, SD = 0.65, n = 115). Levene's test indicated unequal variances (p = .026), so results "not assuming equal variances" were used: t(247.98) = 1.217, p = .225, 95% CI [–0.066, 0.282]. The difference was not statistically significant, indicating no real mean difference in help-seeking behaviour by ethnicity. This challenges the notion that ethnic culture alone drives treatment-seeking and aligns with Ndetei et al. (2023), which found structural factors like accessibility, affordability, social support more determinative than ethnic identity. Consistent with the Health Belief Model, perceived benefits and barriers rather than ethnicity predict action. Therefore, Hypothesis Four is not supported, suggesting interventions should target universal obstacles (stigma, cost, access) rather than tailoring solely to ethnic groups, and future research should examine socioeconomic and psychosocial influences across communities.

DISCUSSIONS OF FINDINGS

Contrary to expectations, cultural beliefs and traditions did not predict help-seeking behaviour (p = .516), nor did societal norms and gender expectations influence attitudes toward treatment (p = .858). These results contradict earlier work (e.g., U.S. Surgeon General, 2001; Ward et al., 2013) but align with models like the Health Belief Model (HBM) and Theory of Planned Behaviour (TPB), which emphasize individual perceptions like susceptibility, severity, benefits, barriers, and personal control over broad cultural dictates. In contrast, barriers and facilitators showed a moderate positive correlation with help-seeking likelihood (r = .356, p < .001), indicating that women who recognize obstacles such as stigma, cost, or limited access remain motivated to seek care often via informal avenues a pattern echoed in Yimer et al. (2023). This finding underscores the HBM's premise that perceived benefits can outweigh barriers, and the Social Cognitive Theory's insight that observing

peers' recovery can spur action despite obstacles. Finally, no significant difference emerged between Luo and Luhya women's help-seeking ($p = .225$), suggesting that shared structural challenges such as financial constraints, stigma, healthcare availability override ethnic distinctions. This supports Ndetei et al. (2023), who found socioeconomic and infrastructural factors more decisive than ethnic identity. Overall, these findings shift the focus from cultural explanations toward reducing universal barriers through financial support, improved access, stigma reduction, and culturally sensitive services to more effectively encourage treatment-seeking among all Kenyan women.

Summary of Key Findings

Contrary to the first two hypotheses, neither cultural beliefs and traditions ($p = .516$) nor societal norms and gender expectations ($p = .858$) significantly predicted help-seeking behaviour or attitudes toward alcoholism treatment among Luo and Luhya women. Instead, a moderate positive correlation ($r = .356$, $p < .001$) emerged between perceived barriers/facilitators and the likelihood of seeking treatment, indicating that even when women face obstacles such as cost, stigma, or limited access as they remain inclined to pursue care, often via informal channels like religious or traditional healing. Finally, no significant difference was found between Luo and Luhya women's help-seeking behaviour ($p = .225$), suggesting that shared structural challenges rather than ethnic identity itself drive treatment-seeking decisions in this context.

Summary

This chapter detailed the quantitative analysis of how cultural and social factors relate to help-seeking for alcoholism treatment among Luo and Luhya women. After presenting descriptive statistics, four hypotheses were tested: cultural beliefs and traditions, and societal norms and gender expectations, neither showed a significant effect on women's treatment-seeking behaviour or attitudes. In contrast, perceived barriers and facilitators exhibited a moderate, significant association with reported likelihood of seeking help, indicating that obstacles such as stigma or cost may shape the route and timing which is often informal rather than wholly prevent care. Finally, no ethnic difference emerged between Luo and Luhya women, suggesting shared structural and individual factors outweigh cultural distinctions in driving help-seeking. These results, interpreted through the lens of HBM, TPB, SCT, and Hofstede's dimensions, underscore that reducing practical barriers and integrating culturally sensitive, community-based support should be prioritized over assumptions about cultural or gender norms alone. The next chapter will draw together these insights into actionable conclusions and recommendations.

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents the conclusions and recommendations drawn from the study on cultural influences on help-seeking behaviour for alcoholism treatment among Luo and Luhya women in Kenya. The conclusions are based on the study's findings and address the extent to which the research questions have been answered. The chapter also provides practical recommendations for policymakers, healthcare providers, and community stakeholders, as well as suggestions for future research to expand knowledge in this area. The study aimed to examine the role of cultural beliefs, societal norms, and gender expectations in shaping attitudes and behaviours toward alcoholism treatment. Through statistical analyses, the study determined the significance of these factors and identified barriers and facilitators that influence treatment-seeking behaviour. The conclusions highlight key insights into how cultural and structural factors interact in determining whether women seek formal or informal treatment. Finally, this chapter proposes recommendations for improving access to treatment, reducing stigma, and integrating culturally sensitive intervention strategies. It also identifies gaps in research that future studies could address to enhance understanding of alcoholism treatment-seeking behaviour among women in Kenya and similar cultural contexts.

Conclusions

This study investigated how cultural beliefs, societal norms, gender expectations, and practical barriers influence alcoholism treatment–seeking among Luo and Luhya women in Kenya. Contrary to expectations, neither cultural

traditions nor gender norms directly predicted help-seeking behaviour or attitudes toward treatment, suggesting that individual experiences, education, and healthcare access matter more than broad cultural prescriptions. In contrast, identified barriers such as stigma, financial constraints, and limited service availability showed a moderate, positive relationship with reported willingness to seek help, indicating that women often navigate around obstacles by delaying care or turning to informal supports. Finally, no significant difference emerged between Luo and Luhya women's help-seeking patterns, challenging assumptions that ethnic identity alone drives treatment decisions. Together, these findings underscore that structural and personal factor rather than culture or gender expectations per se which shape whether and how Kenyan women pursue alcoholism treatment, pointing to the need for accessible, stigma-free, and culturally responsive interventions.

Recommendations

To improve help-seeking behaviour for alcoholism treatment among Luo and Luhya women, this study recommends targeted policy, community, and healthcare interventions. First, financial and accessibility barriers should be addressed through subsidized or free rehabilitation services and decentralized treatment centers, especially in rural areas. Mobile health and community-based programs can also enhance access. To combat stigma and cultural misconceptions, awareness campaigns should engage religious leaders, traditional healers, and community figures to promote alcoholism as a treatable condition. Media stories of recovery can further encourage help-seeking.

Family-centered interventions, peer support groups, and workplace counselling can reduce social restrictions and support women emotionally. Informal pathways such as religious counselling should be integrated with professional care by training traditional healers and promoting collaboration. Finally, national policies must incorporate gender-sensitive approaches by offering female-friendly treatment programs and enforcing anti-discrimination protections in healthcare settings to ensure women receive safe, respectful, and inclusive support.

Suggestions of Areas for Further Research

Although this study explored cultural influences on help-seeking behaviour among Luo and Luhya women, several areas need further research. Future studies should examine how socioeconomic factors such as income, education, and employment impact treatment-seeking behaviour. Research on women who have successfully undergone treatment could offer insights into recovery strategies and the long-term effectiveness of formal and informal interventions.

Expanding research to include other ethnic groups in Kenya and Africa would help determine the broader applicability of these findings. Additionally, studies should explore the role of male partners and family dynamics in influencing women's decisions to seek treatment. Investigating the integration of traditional and formal treatment approaches could inform more culturally inclusive models. Lastly, intervention-based research is needed to assess the effectiveness of awareness campaigns, policy reforms, and stigma reduction efforts in improving treatment uptake.

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