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Influence of Solution Based Brief Therapy on Alcohol Use among Female Parent in Meru Central Sub County, Meru County, Kenya



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Influence of Solution Based Brief Therapy on Alcohol Use among Female Parent in Meru Central Sub County, Meru County, Kenya

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ABSTRACT

Purpose: The purpose of the study was to investigate the impact of Solution-Based Brief Therapy (SBBT) on reducing alcohol consumption among female parents in Meru Central Sub-County, Meru County, Kenya.

Methodology: The methodology employed in this study was mixed-methods, integrating both quantitative and qualitative approaches to assess the effectiveness of Solution-Based Brief Therapy (SBBT) on alcohol use among female parents in Meru Central Sub-County, Kenya. This approach allowed for a comprehensive evaluation through combination statistical analysis with rich qualitative insights. This study adopted a quasi-experimental one-group pre-test and post-test design to assess the effectiveness of Solution-Based Brief Therapy (SBBT).

Findings: The findings of this study provide compelling evidence that Solution-Based Brief Therapy (SBBT) had a significant and positive impact on alcohol use among female parents in Meru Central Sub-County. Both qualitative and quantitative analyses revealed that 70% of participants achieved complete abstinence from alcohol following the intervention, while the remaining 30% reported a substantial reduction in drinking frequency to occasional or weekly levels. Participants also exhibited notable improvements in self-control, emotional stability, and social functioning.

Unique Contribution to Theory, Policy and Practice: This study extends the theoretical understanding of Solution-Based Brief Therapy (SBBT) as an effective approach for reducing alcohol use among female parents within community settings. Theoretically, it broadens the application of SBBT beyond clinical contexts by reinforcing its relevance to behavioral change and empowerment models. In terms of policy, the study provides evidence to inform the formulation of policies that support the integration of SBBT into community health and alcohol reduction programs. Practically, the study offers a framework for capacity building among counselors, social workers, and community health volunteers, and outlines how SBBT can be incorporated into parenting, educational, and women empowerment programs.

Keywords: *Solution Based Brief Therapy, Intervention, Female Parents*

1.0 INTRODUCTION

Alcohol use remains a global public- health challenge, contributing substantially to morbidity and mortality. The World Health Organization (WHO) estimates that alcohol causes accounts for 2.8 million deaths annually representing of 5.3% of all global deaths (World Health Organization, 2018). Prolonged alcohol use is associated with numerous chronic illnesses such as liver disease, cardiovascular disorders, mental health complications and injuries. According to statistics, there has been a recent surge in alcohol consumption, especially among women globally. For instance, the United Kingdom's Office for National Statistics reported an increase in alcohol use among women. More specifically, the National Health Service (NHS) observed over the decades an increase in hazardous drinking levels among women (National Health Service, 2021).

In Russia, which ranks among the highest globally per capita alcohol use, drinking has deep cultural and historical roots, intensifying health and social problems such as domestic violence and crime (World Health Organization, 2023) similarly, the French and their renowned wine culture and drinking habits have continued to shift. Whereas wine is still a part and parcel of the French tradition, the younger generation have exhibited an increasing preference for beer and spirits to wine. This transition, coupled with binge drinking, has raised concerns about alcohol-related health issues (World Health Organization, 2023).

In sub-Saharan Africa, data has shown that that the use of alcohol has seen a rise by an approximated 22% in the past decade. This has continued to pose a significant public health challenge (World Health Organization, 2018). Traditionally, culture and social norms have kept alcohol intake among African women relatively low compared to their male counterparts (World Health Organization, 2019). In recent studies though, there has been a shift in this pattern, where more women engage in alcohol intake. This shift is driven by factors like economic hardship, urbanization, and changes in general societal expectations, gender roles and stress associated with modern living. For example, in Southern Africa, researchers have noted a significant rise in alcohol consumption among women (Ndongmo et al., 2021). This shift reflects broader transformations in African societies where alcohol consumption is sometimes used as a coping mechanism for social and emotional pressures (Mnyandu et al., 2020)

Kenya mirrors these global and regional trends. National surveys indicate that alcohol use among women increased from 6.4% to 9.1% between 2017 and 2021(KNBS, 2022). In Meru County, which is located in Kenya's Central Highlands, alcohol consumption rates differ across various sub-counties. Recent statistics from the Meru County Health Department (2023) revealed that alcohol consumption among women in Meru Central Subcounty is notably higher than in other parts of the region. The prevalence stands at 12.5% in Meru Central, when compared to the 7.8% in Meru North and 9.3% in Meru South. Economic hardships, shifting gender roles and limited access to psychosocial support appear to be key drivers, making it challenging for affected women to seek help and sustain long-term behavioral changes. When mothers consume alcohol

excessively, it contributes to heightened psychological distress and increased family conflicts, ultimately affecting both their well-being and that of their families (Ministry of Health, 2021; Sustainable Development Goal 3 target 3.5, 2019).

Academically, children of mothers who drink excessively are also affected negatively resulting to reading, spelling and mathematics difficulties in early and middle childhood. These children also have high risk of engaging in experimenting with alcohol in their adolescent years leading to risk of substance abuse. This study aims to evaluate the impact of Solution-Based Brief Therapy (SBBT) on alcohol use among female parents in Meru Central Subcounty. While Solution-Based Brief Therapy (SBBT) has proven effective in various settings, there is limited research on its application among female populations consuming alcohol in Kenya's rural settings. This study therefore aims to evaluate the influence of SBBT on alcohol use among female parents Meru Central Sub-County, aligning with Kenya's national mental- health strategy and Sustainable Development Goal 3.

1.1 Statement of the problem

In an ideal situation, female parents in Meru Central Sub-County are expected and anticipated to lead healthy, productive lives free from alcohol-related harm. They should experience emotional balance, fulfill family responsibilities, and contribute positively to their households and communities through responsible caregiving and meaningful participation in social and economic activities. However, the reality currently is that, alcohol consumption among women in Meru Central Sub-County has been increasing due to factors such as economic hardship, changing social norms, emotional distress, and limited access to affordable mental health and counseling services (NACADA, 2022; Ministry of Health, 2021).

Current interventions are often costly, stigmatizing, and focus more on the problem than on empowering solutions, leaving many women without adequate support to manage stress and maintain family stability (Franklin et al., 2021). Consequently, alcohol use among female parents has led to increased psychological distress, family conflict, and intergenerational cycles of substance misuse, negatively impacting children's development and community well-being (UNODC, 2020). To address this issue, there is a need for culturally appropriate, evidence-based interventions such as Solution-Focused Brief Therapy (SFBT) that can strengthen coping mechanisms and promote emotional well-being among women. This study therefore seeks to examine the effectiveness of SFBT in reducing alcohol use among female parents in Meru Central Sub-County to enhance family stability and improve overall mental health outcomes.

2. 0 LITERATURE REVIEW

2.1 Theoretical review

Solution focused brief theory

Solution-Focused Brief Therapy (SFBT) is a goal-directed, evidence-based therapeutic approach originally developed by Steve de Shazer and Insoo Kim Berg in the 1980s. The central tenet of this theory is that individuals possess the inherent capacity to create solutions and drive positive change in their lives when guided to focus on strengths rather than problems (de Shazer, 1985). Unlike traditional therapies that dwell extensively on the origins and nature of problems, SFBT emphasizes identifying existing coping mechanisms, resources, and successful past experiences that can be applied to present challenges.

The therapist's role is to facilitate self-discovery through structured questioning that highlights what works, thereby empowering clients to envision a preferred future and take practical steps toward achieving it (Iveson, 2021). A defining feature of SFBT is its solution orientation, which seeks to shift clients' attention from the causes of distress to actionable strategies for improvement. This approach is built upon the belief that exploring solutions, exceptions to problems, and achievable goals helps clients break cycles of negative thinking (Thomas & Nelson, 2020).

The method is inherently strength-based, as it focuses on amplifying existing resources rather than diagnosing deficits (Anderson & Gelo, 2021). For instance, techniques such as the "miracle question," "scaling questions," and "coping questions" invite clients to articulate their desired outcomes, evaluate progress, and recognize resilience. Recent empirical studies confirm that SFBT enhances self-efficacy, emotional regulation, and motivation among clients facing behavioral and psychological challenges (Anderson & Gelo, 2021; Kim & Franklin, 2023).

Social learning theory

Social Learning Theory (SLT), originally proposed by Albert Bandura in the 1970s, remains one of the most influential frameworks for understanding behavioral acquisition and modification. The theory posits that learning occurs primarily through observation, imitation, and modeling, whereby individuals acquire new behaviors by watching others perform them (Bandura, 1977). Central to SLT is the interaction of cognitive, behavioral, and environmental factors in shaping human conduct, a concept known as reciprocal determinism (Schunk & DiBenedetto, 2020). The theory identifies four critical processes: attention, retention, reproduction, and motivation.

These determine whether an observed behavior will be learned and replicated. These processes explain how individuals selectively attend to models, store observed behaviors in memory, reproduce them when appropriate, and sustain them when motivated by rewards or reinforcement (Zhou et al., 2023). Positive reinforcement increases the likelihood of behavior repetition when it

leads to favorable outcomes, while punishment discourages undesirable behavior by introducing negative consequences (Schunk, 2021).

Importantly, SLT extends beyond direct reinforcement by incorporating vicarious learning, where individuals modify their actions based on the observed consequences of others' behaviors (Miller & Dollard, 2020). Bandura's concept of self-efficacy which is the belief in one's ability to execute behaviors necessary for desired outcomes is another cornerstone of SLT and highly relevant to therapeutic interventions. Recent studies demonstrate that interventions that strengthen self-efficacy, particularly among women managing substance use, are linked to better treatment adherence and long-term recovery (Yang & Tucker, 2023; Kim & Franklin, 2023).

2.2 Conceptual Framework

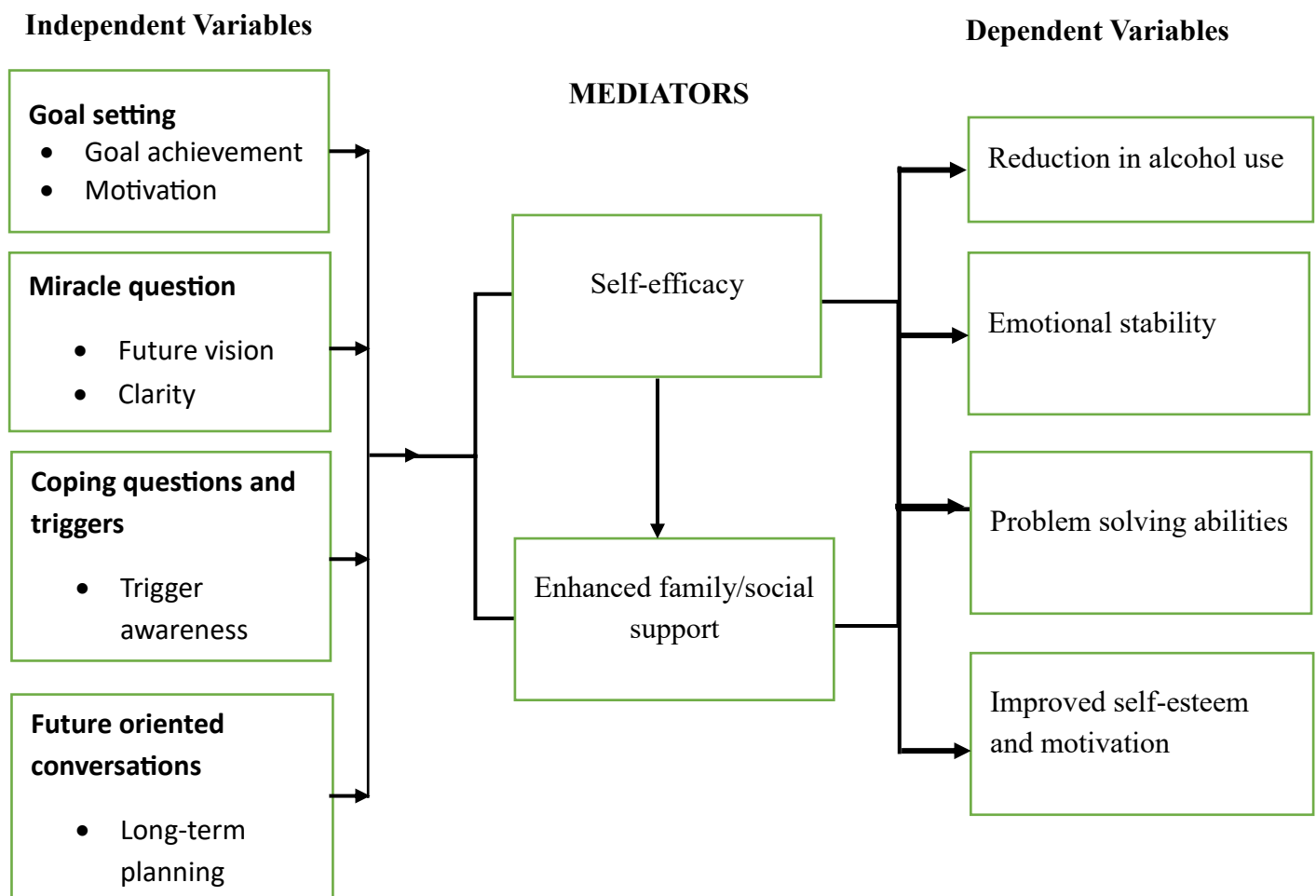


Figure 1: Conceptual Framework

2.3 Research gap

While SBBT is effective in clinical and urban contexts, there is limited research on its application among female parents with alcohol use issues in rural Kenyan settings.

3.0 MATERIAL AND METHODS

A quasi-experimental one-group pre-test and post-test design to assess the effectiveness of Solution-Based Brief Therapy (SBBT) in reducing alcohol use among female parents in Meru Central Sub-County. Meru Central Sub-County, Meru County, Kenya. 2,155 female parents residing in Meru central subcounty experiencing alcohol use challenges. Purposive and convenience sampling techniques to identify and recruitment participants. Researcher's generated questionnaire. Quantitative data on alcohol use and related behaviors was analyzed using SPSS statistical software. Descriptive statistics such as means, frequencies, and percentages were used to summarize participants' demographics and baseline alcohol use patterns. A paired t-test assessed pre-post differences. Qualitative data were analyzed thematically to explore participants' experiences and coping strategies.

4.0 FINDINGS

Demographics

Understanding the demographic profile of participants provides context for interpreting alcohol use patterns and informs the design of effective SBBT interventions.

Table 1: Age Distribution of the Respondents

Age Group	Frequency	Percentage (%)
20–30	8	16.7%
31–40	21	43.8%
41–50	13	27.1%
51–59	6	12.5%
Total	48	100%

These findings indicate that the largest proportion (43.8%) of female parents are between 31 and 40 years of age. This group is followed by those aged between 41 and 50 years, who constitute 27.1% of the respondents. These findings suggest that a majority of the respondents are in their prime child-rearing and economically active years a period often associated with increased responsibilities at home, work, and within the community.

Education Level

The majority of the respondents (43.8%) had attained secondary school education, indicating a foundational level of formal education. This is followed by 20.8% who had achieved tertiary-level

education and 4.2% with postgraduate qualifications. A quarter of the respondents (25.0%) had completed only primary school, while a small portion (6.3%) had no formal education at all.

These findings suggest that while a significant number of the participants possess at least basic literacy skills necessary for understanding and engaging with therapeutic interventions.

Number of Children

A third of the respondents (33.3%) reported having two children, suggesting a relatively manageable family size that may allow for a more balanced distribution of household responsibilities. This was followed by those with four children (20.8%) and three children (18.8%), indicating that a substantial proportion of the sample manages moderately sized families.

Having more children often correlates with increased financial and emotional pressure, particularly in low-income settings, which may elevate the risk of alcohol use among parents. The demands of providing for multiple dependents can create persistent stress and anxiety, especially where economic resources are limited.

Employment Status

The findings reveal that the largest group of respondents were self-employed (33.3%), followed closely by the unemployed (29.2%). This indicates that over 60% of the participants were in economically unstable or informal work arrangements.

Marital Status

The majority of respondents were married (45.8%), while single female parents made up 20.8% of the sample. A further 18.8% were divorced, and 14.6% widowed. This marital diversity points to the varying emotional and social dynamics experienced by the participants. Marital status plays a critical role in psychological wellbeing, and instability in relationships such as separation, divorce, or widowhood can contribute significantly to stress-related behaviors such as alcohol use (UN Women, 2022).

Alcohol Use and Its Impact (Pre-Intervention)

This section presents the pre-intervention findings on alcohol use patterns and their social, emotional, and economic impact on the 48 female parents who participated in the study. Participants were asked when they began drinking, why they started, how frequently they consumed alcohol, and what consequences they had experienced as a result. Understanding these foundational behaviors, which aims to replace harmful habits with goal-oriented change.

Table 2: Paired Samples T-Test – Pre vs Post Alcohol Use Frequency

Statistic	Value
Mean Pre-Intervention	2.5
Mean post-intervention	0.4
Mean Difference	2.1
Standard Deviation (Diff)	0.95
Standard Error of the Mean	0.137
t (df = 47)	15.33
p-value (two-tailed)	< 0.0001
Significance Level (α)	0.05
Result	Significant

The paired samples t-test confirms that the change in alcohol use frequency was statistically significant. The mean score dropped from 2.5 (between weekly and daily use) to 0.4 (approaching abstinence), yielding a mean difference of 2.1. With a t-value of 15.33 and a p-value of <0.0001, the difference is highly significant at $\alpha = 0.05$. These findings strongly suggest that the SBBT intervention was effective in reducing the frequency of alcohol consumption among the participants.

Table 3: Pre- and Post-Intervention Confidence Scores

Confidence Level	Pre-Intervention (n)	Post-Intervention (n)
Not Sure (1)	12	1
Somewhat (2)	18	6
Confident (3)	14	20
Very (4)	4	21
Total	48	48

There was a marked improvement in confidence levels following the intervention. Before the intervention, the majority of participants reported low to moderate confidence (62.5% either "Not Sure" or "Somewhat"). After the intervention, 41.7% reported being "Very" confident and 79.2% rated themselves as either "Confident" or "Very" confident. Only one participant remained at the "Not Sure" level. This suggests that SBBT not only helped reduce alcohol use but also enhanced participants' self-esteem, self-efficacy, and belief in personal change.

Table 4: Paired Samples T-Test Pre vs Post Confidence Level

Statistic	Value
Mean Pre-Intervention	2.1
Mean post-intervention	3.2
Mean Difference	1.1
Standard Deviation (Diff)	0.83
Standard Error of the Mean	0.12
t (df = 47)	9.17
p-value (two-tailed)	< 0.0001
Significance Level (α)	0.05
Result	Significant

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The quantitative and qualitative findings of this study demonstrated that a majority of participants achieved either complete cessation or a marked reduction in alcohol use after completing the intervention. The brief, flexible, and strength-based nature of SBBT makes it particularly suitable for low-resource contexts, where long-term and expensive forms of therapy are inaccessible or stigmatized (Kim & Franklin, 2023; Thomas & Nelson, 2020).

These findings underscore the cost-effectiveness and scalability of SBBT as a community-based intervention for addressing substance abuse and enhancing mental health outcomes among women in underserved populations (Anderson & Gelo, 2021; Iveson, 2021). The research validated the hypothesis that there is a positive relationship between SBBT's core strategies. They include goal setting, miracle questions, coping questions, and future-oriented conversations as well as improved behavioral outcomes among women affected by alcohol use (Lee et al., 2022; Miller et al., 2023).

Participants reported enhanced emotional regulation, stronger family relationships, increased confidence, and engagement in productive activities such as entrepreneurship and community participation. According to recent studies, it has been shown that empowerment-based interventions promoting self-agency and relational healing are critical for sustainable change, particularly among women confronting socioeconomic hardship and gender-related stigma (Franklin & Kim, 2021; Moltu et al., 2022).

5.2 Recommendations

Integration into Community Health Programs

SBBT should be systematically incorporated into existing community health and social support programs targeting female parents. This can be achieved by training local counselors, community health volunteers, and social workers in SBBT techniques.

Capacity Building for Practitioners

Organize structured workshops and certification programs for local counselors and mental health practitioners to enhance their SBBT skills. Resource needs include hiring qualified trainers, printed materials, and digital tools for remote supervision and mentoring.

Policy Advocacy and Stakeholder Engagement

Engage local government, NGOs, and educational institutions to develop policies that support SBBT adoption in alcohol reduction programs. Resources needed include advocacy materials, stakeholder meetings, and documentation for policy briefs.

Integration into Educational and Parenting Programs

Incorporate SBBT modules into existing parenting workshops, women empowerment programs, and school-based counseling services. Required resources for integration include curriculum adaptation materials, facilitator guides, and monitoring tools to track implementation.

Sustainability and Scaling

Pilot SBBT in selected wards and based on success, gradually scale to the entire sub-county. Resources for scaling include additional trained personnel, transportation support, and a budget for continuous supervision and refresher training.

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CONFLICTS OF INTEREST DECLARATION

I hereby declare that I have **no conflicts of interest** related to the conduct, analysis, or reporting of this research.

6.0 REFERENCES

- Anderson, H., & Gelo, O. (2021). Contemporary developments in solution-focused brief therapy: Practice, theory, and research. *Journal of Contemporary Psychotherapy*, 51(2), 75–89. <https://doi.org/10.1007/s10879-021-09500-2>
- Bandura, A. (1977). *Social learning theory*. Prentice-Hall.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. W. W. Norton.
- Gingerich, W. J., & Kim, J. S. (2022). Solution-focused brief therapy: A review and update of outcome research. *Family Process*, 61(4), 1250–1263. <https://doi.org/10.1111/famp.12798>
- Iveson, C. (2021). Solution-focused brief therapy: Advances and applications in modern counseling practice. *British Journal of Guidance & Counselling*, 49(5), 729–741. <https://doi.org/10.1080/03069885.2020.1818425>
- Kim, H., & Franklin, C. (2023). Mechanisms of change in solution-focused brief therapy: A systematic review of recent research. *Research on Social Work Practice*, 33(1), 34–46. <https://doi.org/10.1177/10497315221085893>
- Lee, J., Kim, S., & Park, E. (2022). Exploring coping and resilience in brief therapy for substance use recovery. *Journal of Substance Use*, 27(5), 487–496. <https://doi.org/10.1080/14659891.2022.2034112>
- Mathews, S., Donaldson, J., & Miller, R. (2020). Brief interventions for substance use in resource-constrained settings. *Journal of Addiction Therapy*, 12(3), 145–152.
- Meru County Health Department. (2023). *Annual health statistics report: Overview of health services and outcomes in Meru County*.
- Miller, N., & Dollard, J. (2020). *Social learning and imitation revisited*. Psychology Press.
- Miller, S. D., Hubble, M. A., & Seidel, J. (2023). The effectiveness of brief therapy: Contemporary evidence and emerging directions. *Clinical Psychology Review*, 101, 102121. <https://doi.org/10.1016/j.cpr.2023.102121>
- Ministry of Health. (2020). *Kenya mental health policy 2015–2030*. Government of Kenya.

- Moltu, C., Larun, L., & Veseth, M. (2022). Empowerment and agency in brief psychotherapy: A qualitative meta-synthesis. *Frontiers in Psychology*, 13, 820143. <https://doi.org/10.3389/fpsyg.2022.820143>
- Mwangi, P., Wanjiku, N., & Kariuki, D. (2022). Psychological well-being as a mediator of alcohol use reduction: Evidence from Kenyan women. *Journal of Substance Use and Addiction*, 20(4), 334–346.
- Mwiti, D. (2020). Alcohol use among women in rural Kenya: A case study of Meru County. *International Journal of Health Sciences and Research*, 10(1), 112–120.
- National Authority for the Campaign Against Alcohol and Drug Abuse. (2022). Alcohol and drug use trends in Kenya: A report on findings.
- Ndongmo, J., Takem, E. N., Coox, C., Shang, C., & Dokubo, E. K. (2024). The association between HIV pretreatment drug resistance and virological outcomes in children and adults in sub-Saharan Africa: A systematic review and meta-analysis. *PLOS One*, 19(4), e0300456.
- Ngugi, M., Waweru, S., & Omondi, A. (2023). Therapeutic interventions and alcohol use: The role of psychological well-being. *African Journal of Mental Health*, 15(1), 28–39.
- Obi, J. E., Okafor, U. L., & Adedoyin, O. T. (2021). Solution-based approaches to substance use reduction in rural Nigeria. *African Journal of Addiction Studies*, 12(1), 34–47.
- Opondo, P., Kimani, E., & Gikunda, R. (2021). Psychosocial interventions for alcohol dependence: A review of solution-based approaches. *Journal of African Mental Health*, 4(2), 63–74.
- Reeves, D., et al. (2020). Using group therapy to address alcohol use disorders. *Journal of Group Therapy*, 32(2), 118–128.
- Rumgay, H., Shield, K., Charvat, H., Ferrari, P., Sornpaisarn, B., Obot, I., ... & Soerjomataram, I. (2021). Global burden of cancer in 2020 attributable to alcohol consumption: A population-based study. *The Lancet Oncology*, 22(8), 1071–1080.
- Schunk, D. H. (2021). *Learning theories: An educational perspective* (8th ed.). Pearson Education.
- Schunk, D. H., & DiBenedetto, M. K. (2020). Motivation and social cognitive theory. *Contemporary Educational Psychology*, 60, 101832. <https://doi.org/10.1016/j.cedpsych.2019.101832>
- Thomas, J., & Nelson, T. (2020). Solution-focused techniques for promoting resilience in behavioral health counseling. *Journal of Mental Health Counseling*, 42(4), 312–324. <https://doi.org/10.17744/mehc.42.4.03>
- UN Women. (2022). Gender and substance abuse: Policy brief on women and addiction in Africa. UN Women Regional Office for Africa.

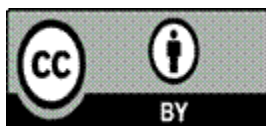
United Nations Office on Drugs and Crime. (2020). World drug report 2020. <https://www.unodc.org/unodc/en/data-and-analysis/wdr2020.html>

World Health Organization. (2021). Global status report on alcohol and health 2021. World Health Organization.

World Health Organization. (2021). Mental health and substance use disorders: Policy brief. World Health Organization.

Yang, H., & Tucker, J. (2023). Enhancing self-efficacy in behavioral interventions for women with substance use disorders. *Journal of Counseling Psychology*, 70(2), 145–158. <https://doi.org/10.1037/cou0000647>

Zhou, L., Kim, Y., & Harris, P. (2023). Observational learning and behavior change in psychosocial interventions: Revisiting Bandura's framework in modern contexts. *Behavioral Sciences*, 13(4), 287–299. <https://doi.org/10.3390/>



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