

Adjustment-Alcohol Abuse, an Empirical Study on Kenyan Students

¹Emmanuel Member ²P.Veeraja Rao ³Robert Balagadde ⁴Jacob Mbijiwe

1.(Psychology, University College of Arts and Social Sciences, Osmania University, Hyderabad, India)

2.(Psychology, University College of Arts and Social Sciences, Osmania University, Hyderabad, India)

3.(Bugema University, Uganda)

4.(Business Management, UCCBM, Osmania University, Hyderabad, India)

Abstract: This study was carried out to investigate adjustment patterns among alcoholic and non-alcoholic Kenyan students in Hyderabad. Adjustment here is defined as, "The variations and changes in behavior that are necessary to satisfy needs and meet demands so that one can establish a harmonious relationship with the environment". It was limited to a sample of 42 Kenyan students admitted under Osmania University in Hyderabad, India. A standardized, reliable and valid Global adjustment scale was used to obtain data. The inventory measures broad areas of adjustment such as Family relationship, Health, Social environment, Emotions, Occupation and Sex related behavior. The objectives of the study were to determine whether alcohol use has an effect on one's personal adjustment and to find out levels of adjustment among alcohol users and none users. The researcher used an ex-post facto design in quantitative research approach. He used purposeful sampling technique to obtain the informants. Data collected was presented and analyzed in tables. It was found out that there is no significant difference in the adjustment levels among alcoholic and non-alcoholic Kenyan students across all dimensions of adjustment. Thus attributing alcohol abuse to issues of anonymity, the influence of like-mindedness among friends, peers and the different general environmental systems which do not provide psycho-social support and concern for the missing home environment and significant others, hence culture shock.

Keywords: Adjustment, Mal adjustment, Alcohol use, Psychological Well being, Environmental adaptability

I. Introduction

All human beings struggle to meet the demands and challenges of life and try to adjust themselves to the situations they are in, but in extreme cases, the ineffectiveness to cope may result in problems of adjustment. In such cases the individuals are known as being maladjustive, (Beena, C. 2012).[1] Hence behaviors that are infrequent and unacceptable in the contextual society are considered maladaptive. A behavior is maladaptive if it produces feelings of anxiety, distress or guilt or it causes harm to self and others. Health and adjustment do not exist as separate entities since, physiological and psychological stress reactions are interrelated and do not occur alone (Baum, Singer, & Baum, 1981). Being healthy therefore does not simply imply absence of illness or injury. Health is the positive state of physical, mental, and social well-being (Sarafino, 2006). [2] Psychological well-being or good mental health is as important as is physical health. Characteristics identified as contributing to a healthy person touches the person's fitness and environmental fitness that promote adaptability and flexibility, developing control of one's body and mind without losing self-importance, determination and efforts. Psychological well-being and optimum wellness therefore means good adjustment in all aspects of life (Kohler, 1970).

Adjustment also refers to the efforts people make to meet demands, hassles and challenges placed on them by the world. The term adjustment here refers to the adequacy of personal and interpersonal processes that we use to adapt to the environment such as reactions to stressors (Lazarus & Cohen 1977). Hence adjustment is a condition of harmonious relationship between the social and physical environment wherein an individual is able to obtain optimum satisfaction and balance for significant needs and to meet the physical, mental and social demands imposed upon him. A well-adjusted person engages in behaviors that are appropriate for the culture and given interpersonal situations to cope with life threats (Norris & Kaniasty, 1996). It also means being flexible and subject to positive adaptability to environmental changes and stressors (Campbell, 1983). [3].

Maladjustment on the other hand is viewed as behavior that is distressing to self and others, dysfunctional in a way that it stops the individual from engaging in his daily acceptable duties and responsibilities and generally deviating from what is socially acceptable within ones contextual environment (Sarafino, 2006).

1.1 Aspects of adjustment

There are two aspects of adjustment, mainly based on the individual and the environment respectively. Any individual at any given point and time in life tries to adjust by dealing with either self or his environment, (Paul, A.B et al., 2001). [4] Factors such as competencies like one's ability to perform certain activities, the quality of one's performance, sensing and perceiving, the ability in organizing information into meaningful concepts and thinking allows the individual to explore alternative solutions to problems and reasoning. All these factors determine the growth of an individual by how much effectively he deals with the environment by responding in order to cope with the unalterable challenges of life. The interaction between the environment and the individual thus produces an individual who is environmentally fit.

1.2 Adaptive behavior

According to Bell, A. B, (2001) [5] there are general norms that determine the quality and degree of adjustment among persons in relation to environmental and self demands. These include –

- Mental tranquility or peace of mind
- Integration of thought and conduct motivation
- Healthy attitude and mental efficacy
- Adequate contact with reality
- Control of thought and imagination
- Sociability and conformity to social norms
- A healthy emotional life and adequate concept of self
- Feelings of security and bonding
- Integration of happiness motives and resolution of conflicts

1.3 Maladaptive behavior

According to Sarafino, (2006), a behavior is classified as maladaptive if it meets any of the three criteria.

- Dysfunctional – behavior does not allow an individual to adjust and fit the society and function effectively with others as a member of the society.
- Distressing – to self and others, the behavior does not allow the person to meet his needs or needs of others.
- Deviating – behavior does not fall in the generally acceptable norms of ones' society and environment.
- Discomfort – to self and others, the behavior has a negative effect on self and the well-being of others.

1.4 Faces of adjustment

According to Jung (1964), Adler (1927), and Erikson (1950), their psychodynamic perspective assumes that people have a rich inner life capability about which they are largely unaware of, which directs their outward behavior. Our behavior is produced in part by the influence of thoughts, emotions and desires harbored in the unconscious, the part of personality of which the person is not aware.

The behavioral model asserts that, the most appropriate explanation for people's behavior rests entirely in their environment. According to Skinner, (1976), virtually all behavior, good or bad is learned from the environmental sources, icons and influences. Based on this concept an individual's personal adjustment forms based on the rewards and punishments in the environment that shapes his behavior. While according to the humanistic model people are viewed as being consciously motivated to improve both themselves and the world in which they live (Rogers, 1946). He views individuals as constantly struggling to reach a state in which their everyday needs are fulfilled and this drive for self-fulfillment frequently conflicts with a need for positive regard, love, respect that we seek from others. We begin to judge and see ourselves from the eyes of others, relying on their values and opinions about us.

1.5 Dimensions of adjustment

According to Guidubaldi & Perry, (1985), Hetherington, 1986), youth with supportive home background are more satisfied with self and are more confident to handle short comings in life, they are more tolerant and can get along well with others, at home, school and college life. But they are under constant self and environmental pressures in the process of goal fulfillment and achievement. In this study it is therefore assumed that, the quality of adjustment an individual makes in his family, own health, social environment, emotions, sex related issues and occupation have an influence on the tendency to use and abuse alcohol because of the resources the process demands of him. **Emotional adjustment** determines the extent to which the individual is mature and sensitive. It deals with the individual's feelings. **Family adjustment** on the other hand deals with the quality of relationship with the spouse and or children, with regards to freedom of expression, needs fulfillment and cohesion in the family. Some degree of tension in the family life is normal. But when these tensions reach a point where they interfere with the wit in mind to face them, then the individuals resolves

into alternative ways to cope with the demands, such as alcohol use and abuse to seek relief from the tension. **Health adjustment** is about the optimum functioning of the body, preoccupation with one's body aches and pains particularly in youth is sometimes a failure to make social contacts and to learn how to express one's feelings. Some youths resolve into alcohol use with a basic belief that, once under alcohol influence, they can be confident enough to face negative feelings. **Occupational adjustment** focuses mainly on career, job satisfaction and job involvement. If the individual is not pleased with own career or pressure emerging from it or seems unhappy to accept environmental conditions including people in the organization and interaction levels, they tend to resolve into alcohol use to cope and relief the tension created by such demands. **Sexual adjustment** focuses on sex related behavior such as sex related knowledge, anxiety, myths, satisfaction among others. Individuals who face challenges on how to deal with sex related demands may resolve into alcohol use as a defense mechanism to avoid facing responsibility and feelings of inadequacy. **Social adjustment** emphasizes on aspects such as friends and acquaintances outside the home, with regard to how hostile or submissive the person is around them and how much trust the person has on people around him. Some individuals get influenced by friends and the environment to indulge in alcohol use as a way of seeking approval, identity and group belongingness. To a larger extent, inter personal and intra personal relationships within ones' environment determine his Global adjustment on a day to day basis across the above six strains of Global adjustment discussed.

Research by UNDCP Kenya, (2003) [6] rated alcohol use in the country at an alarming rate in learning institutions. The workshop (UNDCP) highlighted several major reasons why the youth resolve into alcohol use such as ignorance of the possible effects either short or long - term, too much money given to the youths as pocket money or as substitute for family love and comfort, easy proximity, high stress levels due to un matched demands in the fast leading technology, weak authority figures and subsequent positive reinforcements (Oetting, 1992). Among the various substances, alcohol is noted to be a highly abused substance, especially among youth since it is easily available and a legal. According to (WHO, 2002) [7] world health organization, alcohol killed an estimated 5 million people around the world in 2002, apart from HIV and AIDS, automobile accidents, child mortality, malaria and other bodily complications. The organization predicts a rise to 10 million deaths every year by the year 2030 from alcohol related illnesses alone.

1.6 Alcohol

The word 'alcohol' in this context is derived from the Arabian term 'alkuhul' which means finely derived spirit, it is a clear thin, highly volatile liquid with harsh burning taste. Many problem drinkers can go weeks, months and occasionally years between their drinking sprees for unaccountable reasons, or for no reason at all. They may neglect job, family and other civic and social responsibilities. The spree may last a single night, or it may be prolonged for days or weeks. When it is over, the individual becomes remorseful and determined never to let it happen, but it does happen again, The alcohol usually adds to the problem by an un willingness to realistically face the facts of life, Rajin T,(2002). [8]. According to the journal of the American Medical Association, alcoholism is defined as a primary chronic disease characterized by impaired control over drinking, pre occupation with the drug alcohol, use of alcohol despite adverse consequences and distortions in thinking. The quantity, frequency and regularity of consumption required to develop alcoholism varies from person to another. On the other hand, a non-alcoholic is defined as a person who does not consume alcohol of any type, (Sarojini, B. 2001). [9].

Alcohol intake is due to a negative self-evaluation and appraisal by peers. Individuals who see themselves as less dependable hold more negative views about the self and are less interested in academics and less future focused (Hawkins et al., (1988). [10] As young adults they get involved with peers who abuse alcohol and other substances and engage in other forms of dysfunctional behaviors in search of approval and belongingness (Swisher, 1992).

1.7 Effects of Alcohol Use

The WHO (2008), [11] listed out the effects of alcohol consumption, such as aggressive irrational behavior, violence, amnesia, impaired sexual performance in men, liver damage and a wide range of ulcers. It also mentioned that excessive drinking could cause financial, social, legal, medical, family and occupational problems, all of which are antecedents of adjustment. According to Ram Ahuja, (2013), [12] alcohol inhibits the central nervous system and relaxes the customary controls of one's behavior by making him less restrained and feelings of more freedom. It affects the drinker physically, destroys his ability to work and earn, ruin his family life, and demoralize him utterly in all aspects of life. Alcoholism problems also touch personal misery, family discord, loss of wages, failure of health, accidents and costs in damage claims, hospitalization, custodial treatment in jail, court cases, inducement to crime and a wide range of social deviance all of which anchor in personal adjustment. According to Hetherington, (1981) psychologically distressed people do not make the best of parents, while youth going through adjustment problems, do not make the best adults, neither nor their

children. They are often angry, fearful, depressed, guilty, whiney, dependent, disobedient and downright disrespectful. Youth, the pillars of tomorrow's society shall aim for global adjustment. The environment and society that is apt for such kind of adjustment is very much needed.

1.8 Significance of the current study

College life is a turnover period, (Gitonga et al, 1999). Both boys and girls have a similar characterized life trend full of problems such as uncertainty, learning difficulties, compelled with the usual ways of modeling and wanting to stay relevant to the demands of others and the environment, resulting into adjustment problems. In life, adjustment demands makes one either survive or succumb to environmental, or and personal stressors, (Matarazzo, 1986). Parenting plays a critical role in disciplining and bringing up children by providing quality social support both at home, school and family in the provision of care in all aspects of life, (Wangoi et al, 2001). All human beings struggle to meet demands and challenges of life and thus try to adjust themselves to the situations they are in, but in extreme cases, the ineffectiveness to cope may result in problems of adjustment. In such cases the individuals are known as being maladjusted. Life and daily hassles thus, place a huge demand on ones' adjustment and subsequent coping depends on the initial appraisal of the demands. Individuals who appraise life events and demands negatively and are un prepared to cope with the changes and challenges that a company such events, resolve into emotionally focused coping strategies and socially unacceptable behaviors such as alcohol use.

People who are well adjusted in all dimensions of life are likely to experience low stress levels, are more likely to adapt to the environment to which they interact with. They are able to appraise life changes positively, they are more problem focused and are described as "person/environment fit," (Hameeda, J. 2007). [13] Alcohol use is based on the premise of un-bearable pressure due to life and environmental changes, or simply due to one's inability to adjust to new roles, role expectations and role enactment? This study therefore, is important because it helps to objectively explain if adjustment problems have an influence on Kenyan students engaging in alcoholism once they got to India, even when their family life history does not reveal any trend in the vice. Most specific examples in the study come from none alcoholic family background, hence the study finds out if alcohol use is influenced by adjustment demands to the new social cultural environment.

II. Literature review

According to Goldstein (1939), the goal of a well-adjusted person is not simply to discharge tension but to equalize it. Goldstein tells us that a normal healthy organism is one in which the tendency towards self-actualization is acting from within and overcomes the disturbance arising from the clash with the world, not out of anxiety but out of joy of conquest. While according to Wolman (1991), adjustment is the facing of reality with self-esteem, self-realization & emotional balance, achievements equal to potentials & opportunities and personal integration in life.

Maslow (1951), found out that well-adjusted people are healthy people who tend to view themselves as people who are acceptable and capable and feel that they are living in a world where they can make a contribution because they feel good about themselves. Adjustment is not exclusively a matter of relation of the individual towards the community he lives in, but also towards the society of which the community is part and towards the social institutions which for a large part guide his life, determine his way of living, working, leisure and the way he earns, budgets and spends his proceeds, the way he sees happiness, stability and own security (W. H. O., 1959). Hetherington (1981), asserts that, psychologically distressed people do not make the best of parents, while youth going through adjustment problems, do not make the best adults, neither nor their children. They are often angry, fearful, depressed, guilty, whiney, dependent, disobedient and downright disrespectful.

According to (Weise et al, 1984), Scharlach& Fredrickson 1993), adult children feel vulnerable and alone in the world when their parents no longer stand between them and death and they may experience new pressures as the senior generation in the family. These pressures lead to distress and subsequent adjustment problems, which is a precipitating condition for substance use. Older children who are isolated from their parents and their usual cohorts express their anger directly; they often become either withdrawn or aggressive and sometimes experience academic and social difficulties at school and college life due to inability to adjust well to life demands. Ahuja, (1987), found out that 31.7% of wife-battering and murder cases in India were due to alcohol use. Though he continues to say that many other violent cases related to alcohol use go un reported and un noticed.

A study done by Bitta et al, (2008) [14] on alcohol and gastritis at Kenyatta National Hospital (Kenya) found that 26% of 50 cases of alcoholic gastritis studied were acutely intoxicated on admission.16% were admitted in hypoglycemic coma, 10% had delirium, 6% liver disorder and 8% had other complications such as neuropathy and heart diseases. The study classified medical problems as a consequence of either acute or prolonged episodes of alcohol drinking.

Hawkins, (1988), attributed school failure to alcohol use, though to an extent that school failure anchored on one's childhood experience within the family and during pre-school years. School related factors are to an extent exacerbating preexisting problems and disposition among youths in school and in later life. These include youths from broken families due to marital conflicts, negative and disorderly learning climate, unmet goals and aspirations in life and low teacher achievement expectations of a learner.

According to (Hawkins et al, 1988), youth use alcohol and other substances due to inability to adjust to peer negative feedback. They see themselves as less dependable, strongly peer-oriented, hold more negative views about themselves and are less interested in academics and less future focused. As young adults they get involved with peers who abuse alcohol and other forms of dysfunctional behaviors as a form of revenge to authority figures (Swisher, 1992).

III. Methodology

3.1 Study, Sample size, sampling procedure: An ex-post facto research design, (Arun, K. S, 2011) [15] was used in this research. Purposeful sampling technique was used to obtain the sample size consisting of 42 Kenyan students admitted under Osmania University, Hyderabad, aged between 22 to 27 years.

3.2 Objectives

- To find out the overall adjustment levels in all the dimensions of adjustment like emotional, family, health, sex, occupational and social among alcoholics and non-alcoholics.
- To find out levels of adjustment among alcoholics in all dimensions of adjustment like emotional, family, health, sex, occupational and social adjustment
- To find out levels of adjustment among non-alcoholics in all dimensions of adjustment like emotional, family, health, sex, occupational and social adjustment
- To find out differences in the dimensions of adjustment emotional, family, health, sex, occupational and social adjustment among alcohol users and none users.

3.3 Hypotheses:

H0 : There is no significant difference in the adjustment levels among alcoholic and non-alcoholic Kenyan students across all dimensions of adjustment like Emotional, Family, Health, Occupational, Sex and Social adjustment.

H1 : Non alcoholic students are well adjusted than alcoholic students across all dimensions of adjustment.

3.4 Variables

- **Independent variable:** Alcoholism and Non alcoholism
- **Dependent variable:** Global Adjustment (Family, Emotional, Health, Occupational, Sex and Social adjustment)

3.5 Tool Used: Global Adjustment Scale (GAS)

3.6 Description of the tool

The Global adjustment scale (Adult form) questionnaire was used. The scale has two forms, one for students between 13- 19 years commonly known as the student form and another form meant for persons above 20years known as the adult form. The adult form tries to obtain reliable information from the subject about what he thinks and feels concerning his; Family relationships that describes freedom and family cohesion, Health of own body pertaining ones' physical functioning of the body, Social environment, such as quality and support of friends and acquaintances outside the home, Emotions in terms of maturity and sensitivity, Occupation which focuses mainly on job satisfaction and job involvement and Sex related behavior such as sex related knowledge, anxiety, myths, satisfaction, among others. The tool has 102 items, seeking to obtain relevant information about how well an individual understands and leans to live with his feelings and emotions in his physical and social environment. It endeavors in this respect to find out to what extent alcohol use weakens the masterly and strengthens slavery of one's feelings.

Scoring: By using the manual and stencil key, all the items for all subjects were scored and scores for all the dimensions of adjustment were recorded as raw scores at the bottom of the answer sheets, then the raw scores were converted to sten scores using the manuals' norms table. The interpretation of scores is as follows, high scores on Emotional adjustment indicates that the individual is highly sensitive an indication of unstable emotions. High scores on Family adjustment are associated with conflict and unsatisfactorily adjustment towards the home situation, such as parental rejection, arbitrary restrictions and non- affectionate discipline. Low scores on Health adjustment indicate satisfactorily adjustment, while high score indicate unsatisfactorily adjustment. Individuals scoring low on Social adjustment are submissive and retiring, while high scores indicate

that the individual has tendency of being very hostile in nature or aggressive behavior. On Occupational adjustment, individuals scoring high are poorly adjusted towards their career programs; low score indicate occupational/school interest, while low scores on Sexual adjustment is an indicator of sexual contentment.

3.7 Procedure: A sample of 42 students was purposively selected among the Kenyan community of students admitted under Osmania University, Hyderabad, India. Rapport was developed among the subjects and clarity of instructions contained in the questionnaire was sought while seated in a comfortable and conducive environment. After all subjects had filled the questionnaire, question booklets and answer sheets were collected and scoring was done as per the manual.

IV. Results

After collection of data from informants, the raw scores were converted to sten scores as per the scoring criteria; the Mean and SD were calculated. The scores were further converted to Mean Differences and 't' ratio to check the significance differences and presented in tables.

Table 1 shows results of Mean and S.D of overall adjustment levels between Alcoholics and non- alcoholics across all dimensions.

S/No	N	Dimensions	Mean	SD
1	42	Emotional	4.547	1.693
2	42	Family	3.142	1.868
3	42	Health	4.309	2.589
4	42	Occupational/Sc	2.880	1.580
5	42	Sex	3.666	1.387
6	42	Social	3.428	1.939

To get the scores, the mean, standard deviation and 't' ratio was calculated to compare the two groups and find out their significance. Table 1 shows the Mean and S.D of overall adjustment levels between Alcoholics and non- alcoholics across all dimensions of adjustment. The mean value of Emotional adjustment was 4.547 and SD of 1.693, Family 3.142 and SD 1.868, Health was 4.309 and SD of 2.589, Occupational was 2.880 and SD of 1.580, Sexual was 3.666 and SD of 1.387 while Social adjustment was 3.428 and SD of 1.939. An overall mean adjustment level of the entire population is 3.662 with SD of 1.842 from the standard norms, where scores ranging between 1-2= excellent, 3-4=good, 5-6=average, 7-8=poor and 9-10=unsatisfactory. Table 1 therefore reveals that there is good adjustment level in the entire group.

Figure 1 showing results of Mean of adjustment levels of both Alcoholic and non- alcoholic Kenyan P.G students across all dimensions

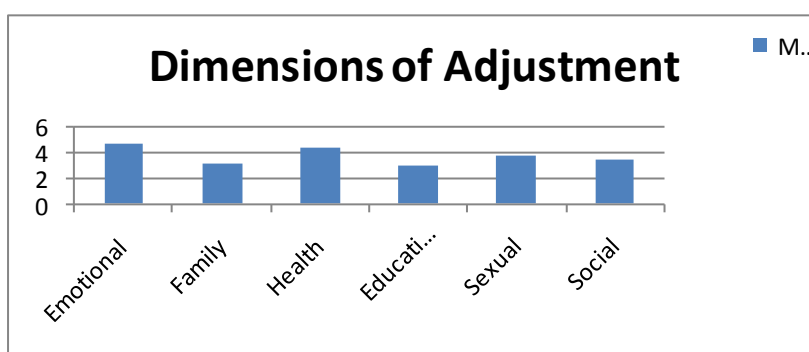


Table 2 shows results of Mean and S.D of adjustment levels among Alcoholic Kenyan students across all variables.

S/No	N	Variable	Mean	SD
1	21	Emotional	4.381	1.495
2	21	Family	3.619	1.704
3	21	Health	4.476	2.402
4	21	Occupational/Sc	2.857	1.909
5	21	Sex	3.809	1.816
6	21	Social	3.429	1.917

Table 2 shows the Mean and S.D of adjustment levels among Alcoholics across all variables. This table reveals that there is no significant difference in adjustment levels in all dimensions of adjustment among alcoholic Kenyan students in all the dimensions of adjustment with a mean of 4.381 in Emotional adjustment,

and S.D of 1.495, in Family adjustment the mean was 3.619 and S.D of 1.704, the mean for health adjustment was 4.476 and S.D of 2.402, mean for occupational adjustment was 2.857 and S.D was 1.909 while the mean for sex adjustment was 3.809 with S.D of 1.816 and the mean for social adjustment was 3.429 with S.D of 1.917. Hence the mean and S.D in all dimensions of adjustment among alcoholics were found not significant.

Table 3 shows results of Mean and S.D of adjustment levels among Non-Alcoholic Kenyan students across all variables.

S/No	N	Variable	Mean	SD
1	21	Emotional	4.714	1.855
2	21	Family	2.666	1.860
3	21	Health	4.141	2.695
4	21	Occupational/Sc	2.904	1.108
5	21	Sex	3.523	1.258
6	21	Social	3.428	1.916

Table 3 shows the Mean and S.D of adjustment levels among non-alcoholics across all variables. This table reveals that there is no significant difference in adjustment levels in all dimensions of adjustment among non-alcoholic Kenyan students in all the dimensions of adjustment with a mean of 4.714 in Emotional adjustment, and S.D of 1.855, in Family adjustment the mean was 2.666 and S.D of 1.860, the mean for health adjustment was 4.141 and S.D of 2.695, mean for occupational adjustment was 2.904 and S.D was 1.108 while the mean for sex adjustment was 3.523 with S.D of 1.258 and the mean for social adjustment was 3.423 with S.D of 1.916. Hence the mean and S.D in all dimensions of adjustment were found not being significant.

Table 4 shows Mean Difference and T-ratio of adjustment levels between Alcoholics and Non-Alcoholics in all variables.

S/No	N	Variable	Alcoholics (Mean)	Non-Alcoholics (Mean)	MD	't'-ratio
1	42	Emotional	4.381	4.714	0.333	0.535
2	42	Family	3.619	2.666	0.953	0.099
3	42	Health	4.476	4.141	0.344	0.082
4	42	Occupational/Sc	2.857	2.904	0.047	0.923
5	42	Sex	3.809	3.523	0.286	0.566
6	42	Social	3.429	3.428	0.001	1.00

Table 4 shows the Mean Difference and 't'ratio of adjustment levels between Alcoholics and Non-Alcoholic across all variables. This table reveals that there is no significant difference in the adjustment levels among alcoholics and non-alcoholic Kenyan students in all the dimensions of adjustment with a mean difference of 0.333 in Emotional adjustment, and 't' ratio of 0.535, in Family adjustment the mean difference was 0.953 and 't' ratio of 0.099, the mean difference for health adjustment was 0.344 and 't' ratio of 0.082, mean difference for occupational adjustment was 0.047 and 't' ratio was 0.923 while the mean difference for sex adjustment was 0.286 with a 't' ratio of 0.566 and the mean difference for social adjustment was 0.001 with a 't' ratio of 1.000. Hence adjustment levels and 't' ratios in all dimensions of adjustment like Family, Emotional, Health, Occupational, Sex and Social adjustment respectively were found not being significant.

4.1 Discussion

Based on the above results there is found to be no significant difference in the adjustment levels among alcoholic and non-alcoholic Kenyan students in all dimensions of adjustment like Emotional, Family, Health, Occupational, Sex and Social adjustment. Hence the hypothesis that there is no significant difference in adjustment levels among alcoholics and non-alcoholics in all dimensions of adjustment among Kenyan students across all dimensions like Emotional, Family, Health, Occupational, Sex and Social adjustment is accepted. There is no significant difference in adjustment among alcoholics in all dimensions of adjustment like emotional, family, health, sex, occupational and social adjustment, while it is evident that there is no significant difference in adjustment among non-alcoholics in all dimensions of adjustment like emotional, family, health, sex, occupational and social adjustment and also it is evident that there is no significant difference in the dimensions of adjustment among alcoholic and non-alcoholic Kenyan students across all dimensions of adjustment like emotional, family, health, sex, occupational and social adjustment. Previous studies have not compared the Kenyan student alcoholics with non-alcoholics in respect to adjustment across all dimensions of adjustment. It is evident that most students are first time alcohol users and continued use can lead to addiction since these students are mostly under academic pressure with lack of control by parents and other pressures like peer group and social economic strains would be leading them to alcohol abuse as it is easily available. It is also evident that any prolonged usage of any substance including alcohol would lead to addiction, which will become an hindrance in their adjustment in future, hence care should be taken by own self, friends, teachers and

important others to maintain and sustain a good and healthy lifestyle to excellent future. Nevertheless the researcher here has pointed out that there is no significant difference in the adjustment levels among alcoholics and non-alcoholic Kenyan students across all dimensions of adjustment like emotional, family, health, sex, occupational and social adjustment

V. Conclusion

There is no significant difference in the adjustment levels across all dimensions of adjustment like emotional, family, health, sex, occupational and social adjustment among alcoholics and non-alcoholic Kenyan students in all dimensions of adjustment. Hence the hypothesis “There is no significant difference in the adjustment levels among alcoholic and non-alcoholic Kenyan students across all dimensions like emotional, family, health, sex, occupational, and social adjustment” is accepted.

5.1 Implication and recommendation:

This research aimed at studying the differences in adjustment levels among alcoholic Kenyan students and non-alcoholics across all dimensions of adjustment. Since the findings indicate that there is no significant difference in the adjustment levels among alcoholic and non-alcoholics in all dimensions of adjustment, the researcher do hereby recommend further extended study on a larger sample that will include pre and post research study on values and family environment in relation to adjustment, counseling and imparting psycho education to students seeking admission to India on issues of culture to avert culture shock. This is because being to new systems and contextual culture away from the usual home environment, there is lack of accountability and responsibility towards the family control and more to do with anonymity, the likeminded peer group with confusion of the new systems and other socio economic and cultural pressures.

5.2 Limitation: The study was confined to a small sample.

References

- [1]. Beena, C. (2012). Cognitive dysfunctions due to low aspiration levels. *The journal of Educational Research*, 94
- [2]. Sarafino, E. P. (2006). *Healthy Psychology Biopsychosocial Interactions*. 5th Edition. John Wiley & Sons, Inc.
- [3]. Campbell, (2006). *Environmental Changes & Stressors*. New York London: psychology press, Taylor & Francis Group.
- [4]. Paul, A. B., Thomas C. G., Jeffrey D., & Andrew B. (2001). *Environmental Psychology. The origins of Territorial Functioning*. New York London: psychology press, Taylor & Francis Group.
- [5]. Bell A.p et al (2001). *Environmental Psychology*. 5th Edition. Psychology press Tylor and Francis Group
- [6]. UNDCP, (2003). *Alcohol use in Learning Institutions*. Task force on unrest in schools 2003. Kenya
- [7]. W.H.O, (2002). *Effects of Alcohol Use and Abuse*
- [8]. Rajini, T. (2002). *Concept Formation. A comparative study on addicts and non addicts of alcohol and drugs*. Un published. Osmania University.
- [9]. Sarojini, B. (2012). *A comparative study of frustration among alcoholics and non-alcoholics*. Un published. Osmania University
- [10]. Hawkins, et al (1998). *Alcohol and School Success*. Long Horn Publishers. Kenya
- [11]. W.H.O, (2008). *Effects of Alcohol Consumption*
- [12]. Ahuja, R. (2013). *Social Problems in India*. Rawat publishers. New Delhi.
- [13]. Hameeda, j. (2007). *Effects of adjustment on work motivation of teachers in private schools*. Osmania University Press. Hyderabad.
- [14]. Bitta et al, (2008). *Alcohol and Gastritis*. Journal on Kenyatta National Hospital. Long Horn publishes. Kenya
- [15]. Arun, K. S. (2011). *Tests, Measurements and Research Methods in Behavioral Sciences*. Bharati Bhawan publishers .New Delhi.
- [16]. John, D. (1938). *Experience and Education*. New Delhi: Oxford & IBH publishing Co pvt.Ltd.