KNOWLEDGE AND PRACTICE ON ALCOHOL CONSUMPTION

AMONG YOUTHS (15-30 YEARS) IN KIZINDA TOWN BUSHENYI DISTRICT

BY

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BNS/0001/143/DU

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PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

BACHELORS DEGREE OF NURSING SCIENCES OF

KAMPALA INTERNATIONAL UNIVERSITY

DECEMBER, 2018
DECLARATION

I MAIGA AYUB HUSSEIN with registration number BNS/0001/143/DU, declare to the best of my knowledge and understanding that this research report entitled “Knowledge and Practice on Alcohol Consumption among youths (15-30 years) in Kizinda town Bushenyi district” is my original work to be carried out under the supervision of Mr. Kalende J Thembo and has never been submitted to any institution or authority for any purpose of academic award.

SIGN: .................................................. DATE..............................................
RESEARCH APPROVAL

I certify that this research report entitled, “Knowledge and Practice on alcohol consumption among youth (15-30 years) in Kizinda town- Bushenyi district was done under my close supervision and I recommend it for submission to the school of Nursing for consideration.

SUPERVISOR

SIGN………………………………………. DATE…………………………

Mr. Thembo J. Kalende

(DCN, DHSM, BME, MEAP, LDC certificate)

HOD/ Dean SON KIU

SIGN………………………………………. DATE………………………………………. 

Mrs. Kabanyoro Annet
DEDICATION

I dedicate this research to my classmates (143-Series) and my family for their support, prayers and love especially my mother (Mrs. Mutuzo Aisha) for her financial and moral support.
ACKNOWLEDGEMENT

I give special thanks to my family, supervisors, friends and the following personalities

Mr. Agaba Gilbert Ian of Star Point One, Mr. Salim, Mr. Henry of All you need, for giving me support in carrying out this research and the entire Kampala international university fraternity.
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>WHO</td>
<td>World Health organization</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>UG</td>
<td>Uganda</td>
</tr>
<tr>
<td>I/C</td>
<td>In Charge</td>
</tr>
<tr>
<td>IAH</td>
<td>Ishaka Adventist Hospital</td>
</tr>
<tr>
<td>HOD</td>
<td>Head Of Department</td>
</tr>
</tbody>
</table>
# DEFINITION OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABUSE</strong> –</td>
<td>It is use of a drug in a way that is inconsistent with medical or social norms despite the negative effects.</td>
</tr>
<tr>
<td><strong>ALCOHOL</strong>–</td>
<td>This is a colorless volatile flammable liquid which is produced by the natural fermentation of sugars.</td>
</tr>
<tr>
<td><strong>BLACKOUT</strong> –</td>
<td>It is a situation where one’s level of consciousness is altered due to excessive drinking of alcohol (intoxication) and one has no memory of what happened during this period.</td>
</tr>
<tr>
<td><strong>KNOWLEDGE</strong> –</td>
<td>This refers to what one knows or ideas they have towards something.</td>
</tr>
<tr>
<td><strong>ONE DRINK</strong>–</td>
<td>Twelve ounce of beer</td>
</tr>
<tr>
<td><strong>PRACTICE</strong>–</td>
<td>The customary, habitual, or expected procedure or way of doing something.</td>
</tr>
<tr>
<td><strong>YOUTH</strong> –</td>
<td>A young person, female and males, aged 12 to 30 years.</td>
</tr>
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ABSTRACT

Introduction, globally it was stated that the consumption of alcohol has increased all over the world in the past decade. About 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption. Uganda was reported to have one of the highest levels of alcohol consumption in East Africa region. This study aimed at assessing “Knowledge and Practice on alcohol consumption among youth in Kizinda town Bushenyi district.

Methodology, a cross-sectional study design was used, target population were youth of age 15-30 years irrespective of sex. A sample size of 109 participants was used and data was obtained by using questionnaires, data entered into SPSS, analyzed and presented inform of pie charts, tables and graphs.

Findings, 69(63.3%) of the respondents had faced problems as a result of alcohol, 77(70.6%) knew that alcohol consumption was associated with serious health and social consequences. 50(45.9%) said was associated with motor vehicle accident. Majority took Beers, larger or stout 39(35.8%), 49(45.0%) took alcohol with additives and soda 19(38.8%) as most used additive for reasons of favoring strong drink 20(40.8%)

Conclusion, Study revealed that alcohol consumption was harmful and many got information on effects of alcohol from friends and classmates. Alcohol consumption was seen to be associated with motor vehicle accidents, beers, lager or stout were the most taken.
CHAPTER ONE

INTRODUCTION

1.0 Introduction

In this chapter is introduction to alcoholism, and involves background information, problem statement, study objectives and justification of the study.

1.1 Background

Alcoholism is a condition that results in the continued consumption of alcoholic beverages despite health problems and negative social consequences (Dunn, 1999).

A Global Youth-based Youth Health Survey conducted earlier in 2013 showed that 12.8% of the youth 15–18 had at least one drink containing alcohol on one or more days during the past 30 days. 15.2% of the youth indicated that they had drunk heavily on one or more occasion in their lives. 21% had experienced a hangover, felt sick, got into trouble with family/friends, missed school or got into fights as a result of drinking alcohol at least once (Global status report on alcohol and health, 2014).

Globally it was stated that the consumption of alcohol has increased all over the world in the past decade (WHO, 2014). With the health impact from alcohol strikes relatively early in life, it is the leading risk factor for mortality and the overall burden of disease in the 15–59 age group (Asociados et al, 2013).

According to the study done by De Goeij, M. C. (2015) alcohol was estimated to cause about 20-30% worldwide diseases of esophageal cancer, liver cancer, cirrhosis, homicide, epilepsy, and motor
vehicle accidents. The knowledge of the diverse reasons influencing alcohol consumption among the youth age group is essential to intervene early and tackle this important problem among the youth.

In Africa, youth including secondary school students tend to adopt high risk patterns of alcohol use and have limited knowledge or skills to minimize alcohol related harm. Adolescents are cognitively immature and vulnerable to experimentation with drugs because of social influences and commercial marketing strategies (Newton et al, 2009).

In East African countries, age-disaggregated data is not available in the World Health Survey about youth alcohol consumption (Kabwama et al, 2016). Though data from the 2003 Ugandan Global School-based Student Health Survey show that 14% and 12% of boys and girls aged 15-20 years, respectively, reported that they had ever drunk so much alcohol that there were really drunk (Peltzer, 2010).

According to Zablotska, (2006), about 90% of Ugandan youths over the age of 15 years have tried to use alcohol at least once. ‘Binge drinking’, drunken driving and unsafe sex can result from misuse of alcohol.

With these high rates of alcohol consumption among the youth and alcohol being tolerated as a socially acceptable drink yet it is responsible for most drug related deaths in the youth population. The research was prompted to carry out a research study to assess the knowledge and practice on alcohol consumption among youth (15-30 years) in Kizinda town Bushenyi district especially those under the aged 15-30 years.
1.2 Problem statement

WHO, (2014) stated that young people have relatively little experience in alcohol use and lower tolerance to the effects of alcohol than experienced drinkers. WHO further strengthens that young people have less experience, knowledge and skill in minimizing alcohol related harms.

In Africa, youth including secondary school students tend to adopt high risk patterns of alcohol use and have limited knowledge or skills to minimize alcohol related harm. Adolescents are cognitively immature and vulnerable to experimentation with drugs because of social influences and commercial marketing strategies (Newton et al, 2009).

In East Africa, Alcohol consumption is the leading cause of death among the youth. It contributes too substantially to youth motor vehicle crashes, suicides, date rapes, family and school problems (Bukuliki, 2015). Whereas Uganda was reported to have one of the highest levels of alcohol consumption in East Africa region, with an annual per capita alcohol consumption of 23.7 liters. Furthermore, some studies have associated alcohol use with an increased risk of road traffic accidents, HIV infection, risky sexual behaviors, sexual coercion and intimate partner violence (Kabwama et al, 2016).

The in charge of accident and emergency of Ishaka Adventist Hospital Reported that there is increased number of patients on ward due to road traffic accident which he associated with alcohol consumption and about 5 youths report to the health facility with health related problems every day as a result of alcohol consumption. There are also social and financial sequel like losing of jobs, social withdrawal and discrimination by the community and separation and divorce is on the rise (Reported I/C IAH 2018).
In Kizinda the study area, alcohol was easily accessible to youths of all age groups. Alcohol was mainly obtained from three sources namely bars, homes where it was brewed and shops. The bar owners freely sold alcohol to young people. In some cases, young people obtained alcohol from their homes and reason for the popularity of such bars was that they had some perks which were particularly attractive to young people. The bars were reported to have TV sets, Music, Band, Lodges and Prostitutes (LC 1 Kizinda).

Thus this study is to assess knowledge and practice on alcohol consumption among youth (15-30 years) in Kizinda town Bushenyi district

1.3 Study objectives

1.3.1 General Objective

To assess the knowledge and practice on alcohol consumption among youth aged 15-30 years in Kizinda town Bushenyi district.

1.3.2 Specific objectives

1. To establish the knowledge on the effect of alcohol consumption among the youth aged 15-30 years in Kizinda-town Bushenyi district.

1. To find out the practices on alcohol consumption among the youths aged 15-30 years in Kizinda-town Bushenyi District.

1.4 Justification of study

The research provided some insight to health educators on what the community thinks of alcoholism hence a better approach in counseling the youth.
It also acted as an eye opener to the social authorities on the disastrous effects alcohol is bringing to our community. Findings of this study may help on educating the youth on effects of alcohol on themselves, the community and its negative effects to their future. This research delivered findings of the study as well as possible solutions to some of administrative offices in the area, to the health units around and even upload some scripts on the internet such that even the youth who may be victims of alcohol abuse can freely access them and get started on the healing process.

Findings from the study will helped in acquiring more knowledge about alcoholism and factors that increase abuse of alcohol in relevance to the future carrier as a health provider.
1.5 Conceptual framework

Below is an illustration of what and how the study will be carried out and the key features that appeared in the tools of data collection.

Primary Source: MAIGA A.H

1.6 Scope of the study

1.6.1 Geographical Scope

The study area is Kizinda town which happens to be the third largest town in the new Bushenyi district located along Mbarara – Kasese highway 5km from Bushenyi town and 80 kilometers, by road, northwest of Mbarara, the third largest city in the sub-region. The coordinates of the district are: 00 32S, 30 11E. It has only two hospitals, Ishaka Adventist Hospital, Kampala International University
Teaching hospital and other several privately owned clinics Kizinda town is in Igara County in Kizinda trading center sub-county.

1.5.2 Content Scope

The study assessed the knowledge and practice of alcohol consumption among youth in Kizinda town Bushenyi district. It focused on the youth aged 15-30 years.

1.8.3 Time scope

The study covered a period of two months from 1\textsuperscript{st} July 2018. This is adequate duration to achieve the study sample size basing on the population of Kizinda town.
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed the reports and views of different scholars in relation to the literature and what other researchers wrote about knowledge and practice on alcohol consumption among the youths.

2.1 Knowledge on the effects of alcohol consumption among youth of Kizinda town.

WHO, (2014) states that young people have relatively little experience in alcohol use and lower tolerance to the effects of alcohol than experienced drinkers. Young people have less experience, knowledge and skill in minimizing alcohol related harms. More years of life, quality of life and productivity are lost from acute alcohol related harm in young people than are lost from chronic diseases caused by alcohol use in older consumers. Furthermore, the majority of adolescents who misuse alcohol lack proper screening, referral and treatment by health care providers, hence it has been recommended that even those adolescents who do not meet formal diagnostic criteria for addiction be provided with appropriate interventions from their health care providers to prevent alcohol misuse and disorders.

According to Jenny John Cherithu (2012), 375 (91.2%) students had knowledge about the harm of alcohol consumption, 288 (70.1%) were aware of the use alcohol among school students. Severe health-associated risk was attributed to drinking alcohol by 63%. About 334 (81.3%) responded that social problems were associated with alcohol consumption. Common social problems mentioned were problems with parents, friends, and teachers, and the other effects included poor academic performance.
Less than half (46.5%) of the respondents received information from family members about the effects of alcohol consumption (Kofoworola Odeyemi*, 2014)

In Africa according to Noel, et al (2017), in his study about the knowledge of on the effect of alcohol consumption in Zambia highlighted that many youths had received alcohol education; 41% of students said that they had been taught about the dangers of alcohol and 45% reported that they knew how to refuse an alcoholic drink.

Furthermore, a survey conducted in the US to examine the knowledge of students related to alcohol use and drinking patterns, reported that overall knowledge of alcohol and alcohol effects was generally low, with only 16 of 36 items answered with 51% accuracy Noel, et al (2017).

Noel, et al (2017) further revealed in his study that majority of the students, 375 (91.2%), perceived alcohol consumption as harmful. 288 (70.1%) were aware of the use of alcohol among school students. A total of 308 (74.9%) stated that they knew the possible reasons for alcohol consumption, the reasons being to blend with friends and to elevate mood. Severe health associated risks were attributed by 63% to drinking alcohol.

The common source of their knowledge regarding effect of alcohol were the internet 64.2%, television 61.5%, newspaper 46.5%, radio 35.8%, books/magazines 35.4% and school 15.5% (Jenny John Cheriathu, 2012).

In Uganda according to the MOH, public health problems associated with alcohol consumption have reached alarming proportions, and alcohol has become one of the most important risks to health. The MOH report cites several health and social problems that are associated with alcohol, including higher rate of traffic accidents, domestic violence, and HIV prevalence. The MOH report describes alcohol as a “threat to wide health”. Alcohol consumption contributes to disease, injury, disability and
premature death more than any other risk factor in developing countries. It can nearly damage all the organ and system in the body; it is psychoactive and can induce alterations in most if not all brain systems and structures. Its use contributes to more than 60 diseases and conditions, including chronic diseases such as alcohol dependence and liver cirrhosis. (Box, 2007)

The common source of their knowledge regarding effect of alcohol were the internet 64.2%, television 61.5%, newspaper 46.5%, radio 35.8%, books/magazines 35.4% and school 15.5%. Television, internet and newspaper constituted the most common source of their knowledge. Kelly et al. carried focus group discussions among the rural middle school youth and found that boredom as the main reason for alcohol use. In another study, from India, easy availability was the most common reason for initiation and continuation of alcohol.(Cheriathu, 2012)

2.2 Practices on Alcohol Consumption among youth of Kizinda-town Bushenyi

According to Cappelli, et al, (2016), adolescence is a key period of growth whereby adolescents can develop patterns of substance use and abuse that can continue into adulthood. Adolescent alcohol use or under-age drinking is widely recognized as a leading public health problem. It is related to a variety of problem behaviors, including harmful alcohol use, drinking and driving, risky sex and violence. There is a global concern about drinking trends among young people. Alcohol use is a major contributor to morbidity, mortality and social harm worldwide, causing 2.5 million deaths each year. This burden is higher in high income countries and among men, accounting for 11% of all male deaths in the European Region in 2004. Early use of alcohol and binge drinking are common among European adolescents where alcohol consumption is responsible for some 55,000 deaths among young people aged 15 – 30 years. In Germany rates of alcohol are among the highest in the world. Even though the problem is said to be increasing
in the developing world, there are no sufficient data on alcohol use and its consequences within the developing countries.

Globally according to estimates by the World Health Organization (WHO), there are 2 billion people worldwide who consume alcoholic beverages. When consumed in moderate amounts (up to one standard drink per day for women, and one to two standard drinks per day for men), alcohol consumption has been found to be associated with decreased risk of overall mortality and a number of chronic non-communicable diseases (NCDs), including coronary artery disease, diabetes mellitus, congestive heart failure, and stroke. (Kabwama2016)

In Africa according to (Bukuluki 2008), there are various influences that lead youths into drinking alcohol. These include the environment in which children are nurtured, peer pressures, social events, and inadequate parental controls. Alcohol use among young people was associated with several factors. The home environment in which the child is raised was named as having an influence on their alcohol use behavior later in life. Children who grow up in homes where alcohol is brewed and sold will most likely use it when they are grown. Such children were reported to participate in the brewing and selling of alcohol. Children whose parents used and abused alcohol were also likely to copy this behavior when they grew up.

In Uganda according to Bukuluki, (2008) Young men are more likely to drink openly in the bars and in trading centres. They preferred such open places where they could be seen. This was associated with being a grown up and having some responsibility. In Nakasongola it was reported that young people aged 15-17 tend to drink alcohol in the open.

Binge drinking, typically defined as drinking more than 5 drinks in an occasion is a common pattern of alcohol consumption among adolescents who drink and accounts for 90% of the
alcohol consumed by 12 – 17 year old youths. Studies conducted among high school adolescents in Ethiopia have shown that about 8.9% drunk alcohol at least on a weekly basis and a prevalence of 57.7% and 19.2% respectively. Furthermore, in other Sub-Saharan countries like Kenya an ever drinking prevalence of up to 15% was found among youth. A study in South Africa also highlighted an alcohol use prevalence of 39.1% among youth (Kuntsche, et al, 2014).

In Uganda according to (Asociados2013) young people are growing up in a society where alcohol exists in abundance. There are many bars in their communities. For example in Soroti, there are drinking groups, where members of the group gather in one home on a rotational basis to drink and make merry. Children are present to witness such events. They take this to be an acceptable form of leisure and very soon, they will want to emulate their parents.

The study found that young people drink both locally produced brew and factory brewed alcohol. The decision on the type of drink to be taken depends on varied factors including the cost of the drink and its perceived strength. Only those without enough money were reported to drink a local gin, commonly known as waragi. (Bukuluki, 2008)

The study done in Uganda found that alcohol was consumed with other additives. These included narcotic drugs, soda, water, and medicines. There were several reasons for adding foreign objects in alcohol; including getting a stronger drink and disguising what one was drinking. Young people mixed their drinks with soda in Kampala. This was for purposes of disguising what they were drinking. This point to the reality, that society does not expect young people particularly women to drink alcohol. Drinks are also mixed with stronger drinks so as increase their concentration. (Council, 2015)
CHAPTER THREE

METHODOLOGY

3.0 Introduction
This chapter includes the pre-test study, the study design, area of study, inclusion and exclusion criteria, study population, sample size determinant, methods of data collection and description of research, ethical consideration, plan for data management and dissemination as results study.

3.1 Study design
The study used a cross-sectional study design which employs quantitative method of data collection.

3.2 Pre-test study
A prior visit of the study area was done and the tools for data collection were pre-tested on a small sample sized population of 10 respondents before the full-scale study in order to identify any problems such as unclear wordings, compliance and questionnaires taking too long to administer.

3.3 Study area
Kizinda town, the third largest town in the new district Bushenyi is located along Mbarara – Kasese highway 5km from Bushenyi town and 80 kilometers, by road, northwest of Mbarara, the largest city in the sub-region. The coordinates of the district are: 00 32S, 30 11E. It has only two hospitals, Ishaka Adventist Hospital, Kampala International University Teaching hospital and other several privately owned clinics. Kizinda town is in Igara Country in Kizinda trading Centre sub-county.
The major economic activities in Kizinda town Bushenyi district include but not limited to crop and animal farming, trade in retail and wholesale, bar and restaurant, carpentry and workshop for furniture. Hotels, food kiosks, motor cycles and taxi services, medical clinics, educational institutions and churches are also available. In the recent past there has been a rise in the number of bars, discotheques, wines and spirits shops as well as beer depots as they are proving to be a faster and more reliable source of income for the local residents.

3.4 Inclusion Criteria

All youths aged between 15-30 years irrespective of the sex consented and willing to participate and completed answering the questionnaire were included in the study.

3.5 Exclusion Criteria

Youths aged between 15-30 years who never consented and didn’t completed answering the questionnaire were not excluded from the study.

3.6 Study population selection

The study targeted youth population of both male and female residents of Kizinda town Bushenyi district aged between 15 and 30 years. From the whole of Bushenyi district, the study was carried out in Kizinda town as this is within their area of residence hence it was cheaper and easier to carry out the study. Systemic sampling method was used where a list of homes and businesses in Kizinda and Ishaka town were visited, Sampling interval of 4 were calculated for a constituent sample of 109 respondents. The first respondents were randomly selected by drawing a lottery of the first four homes/businesses on the list. There after every 4th home/business will be selected to participate.
Those who were not willing to participate were skipped and the next on the list were chosen.

3.7 Sample size determination and selection

It was derived from the formula below by (Kish and Lashie 1965)

\[ N = \frac{Z^2 PQ}{D^2} \]

Where:

- \( N \) - Sample size
- \( Z \) - Score at 2 standard deviations of a normal standard distribution curve (1.96)
- \( P \) – Estimated population size (64% or 0.64) according to a study done by Wetterling in 2009
- \( Q \) – 1-P (36% or 0.36)
- \( D \) – Margin of error (0.09)

Therefore,

\[ \text{Sample size (N)} = \frac{1.96^2 \times 0.64 \times (1-0.64)}{0.09^2} \]

\[ \text{Sample size (N)} = 109 \ (109.3) \]

109 respondents will take part in the study.

3.8 Data collection tools and methods

Questionnaires were used as tools for data collection. They acted as a guide while interviewing and as a check list in making necessary observations. Both open ended and closed questions were used.
3.9 Data analysis

Data was manually fed into a computer into software known as epi-data, then specially created program for analysis (SPSS) version 16.0 was used to analyze and edit. This gives results in terms of frequencies (percentages) which were translated and presented in form of tables and charts.

3.10 Ethical considerations

A permission letter was obtained from Kampala International University – Western Campus ethics committee and was presented to the local authorities in the study area. Informed consent was sort from all respondents who spoke English for effective communication. There was explanation to participants on the importance of carrying out the research and only to those who were willing and allowing to participate.

Also there was assurance that the information obtained would be kept confidential to avoid victimization and that once findings are compiled a copy of the report with outcomes and possible solutions was available at their local authorities.

3.11 Validity and reliability

Data collection tools were pretested to elicit deficiencies and loop holes. Necessary collections were also made on them to ensure effectiveness. The people who helped out were also trained in preparation for data collection.

This study was carried out during the allocated time frame, only respondents within the specified age bracket were considered and the study tried to ensure that other factors that could produce similar results like respondent having a medical condition or taking medication or drugs shall be ruled out. As a result, only fit subjects were considered and not those abusing multiple drugs or
on medication that could give similar results. Again this was not ascertained easily as some respondents were guarding information.

3.12 Limitations and remedies

Some of the challenges anticipated included financial constraints.

Manpower to collect data so as to finish the research within the budgeted time was a bit of a problem but was managed by getting some volunteers to help.

Some respondents were un-co-operative but as mentioned earlier, no one was forced to participate so an alternative respondent took part.
CHAPTER FOUR

DATA INTERPRETATION, ANALYSIS AND PRESENTATION

4.0 Introduction

This chapter includes results of social demographic and those of the specific objectives

4.1 Study participants

The study population used was 109 participants. The data used was purely raw and real from the youths of Kizinda town Bushenyi. The participants were characterized with the following demographic characteristics.

4.2 Social Demographic findings

![Gender of Respondents](image)

*Figure 1: A graph illustrating gender of the youth of Kizinda town Bushenyi*

From the graph above, a greater number of participants were males, 76 (69.7%) compared to 33 (30.3%) who were females.
Figure 2: A graph illustrating age of the youths in Kizinda town Bushenyi

From the graph above, majority 54(49.5%) of the respondents were aged 21-24 years compared to 17(15.6%) who were aged 15-20 years.
Table 1: Table illustrating social demographic characteristics of participants (n=109)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslims</td>
<td>22</td>
<td>20.2</td>
</tr>
<tr>
<td>Catholics</td>
<td>30</td>
<td>27.5</td>
</tr>
<tr>
<td>Protestants</td>
<td>28</td>
<td>25.7</td>
</tr>
<tr>
<td>SDA</td>
<td>16</td>
<td>14.7</td>
</tr>
<tr>
<td>Others</td>
<td>13</td>
<td>11.9</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>17</td>
<td>15.6</td>
</tr>
<tr>
<td>Primary</td>
<td>22</td>
<td>20.2</td>
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<td>Secondary</td>
<td>36</td>
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<tr>
<td>Tertiary/university</td>
<td>33</td>
<td>30.0</td>
</tr>
<tr>
<td>Unspecified level</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>24</td>
<td>22.0</td>
</tr>
<tr>
<td>Single</td>
<td>45</td>
<td>41.3</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>20</td>
<td>18.3</td>
</tr>
<tr>
<td>Divorced</td>
<td>19</td>
<td>17.4</td>
</tr>
</tbody>
</table>

From the table above: A greater number of participants 30(27.5%) were Catholics compared to SDA 16(14.7%)

Majority 36(33.0%) of the participants were of secondary level compared to 17(15.6%) who were illiterate.

Majority of the participants 45(41.3%) were single compared to 19(17.4%) who were divorced.
4.3 Knowledge on the effect of alcohol consumption among the youth of Kizinda town

*Table 2: Table illustrating how knowledge on the effects of alcohol consumption.*

(n=109)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentages (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever faced problems as result of alcohol consumption</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>69</td>
<td>63.3</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>36.7</td>
</tr>
<tr>
<td><strong>Number of times of facing problems because of alcohol consumption</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 time</td>
<td>31</td>
<td>28.4</td>
</tr>
<tr>
<td>2 times</td>
<td>36</td>
<td>33.0</td>
</tr>
<tr>
<td>3 times</td>
<td>9</td>
<td>8.3</td>
</tr>
<tr>
<td>4 or more times</td>
<td>13</td>
<td>11.9</td>
</tr>
<tr>
<td>Unspecified</td>
<td>20</td>
<td>18.3</td>
</tr>
<tr>
<td><strong>Who to talk to for information on effects of alcohol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend / classmate</td>
<td>34</td>
<td>31.2</td>
</tr>
<tr>
<td>Parents</td>
<td>25</td>
<td>22.9</td>
</tr>
<tr>
<td>Relatives</td>
<td>16</td>
<td>14.7</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>19</td>
<td>17.4</td>
</tr>
<tr>
<td>Youth counselors</td>
<td>15</td>
<td>13.8</td>
</tr>
<tr>
<td><strong>Heard any information focusing on alcohol consumption</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio &amp; Television</td>
<td>66</td>
<td>60.5</td>
</tr>
<tr>
<td>From Newspapers</td>
<td>17</td>
<td>15.6</td>
</tr>
<tr>
<td>Posters/ billboards</td>
<td>11</td>
<td>10.1</td>
</tr>
<tr>
<td>At community</td>
<td>11</td>
<td>10.1</td>
</tr>
<tr>
<td>From youth drama</td>
<td>4</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Alcohol consumption is associated with serious harmful consequences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>77</td>
<td>70.6</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>29.4</td>
</tr>
</tbody>
</table>

From the table above, 69(63.3%) had ever faced problems as a result of alcohol compared to 40 (36.7%) had never faced any problem.

Many of the participants 36(33.0%) compared to 31(28.4%) faced problems because of alcohol 2 times and 1 time respectively.
In case of information on effects of alcohol many of the respondents 34(31.2%) talked to friends and classmates compared 15(13.8%) talked to youth counsellors.

Majority of the participants 66(60.6%) heard information focusing on alcohol drinking from radios and televisions compared to 4(3.7%) who heard it from youth drama.

More than half 77(70.6%) of the respondents knew that alcohol is associated with serious health and social consequences compared to 32(29.4%) did not know about any consequences associated with alcohol consumption.
Figure 3: Showing how health and social consequences associated with alcohol consumption among the youth of Kizinda town.

From the graph above, majority 48 (44.0%) said alcohol consumption was associated with motor vehicle accidents compared to 5(4.6%) who said it was associated homicide.
4.4 The practices on alcohol consumption among the youths of Kizinda town

Rate of consumption of alcohol among the youths of Kizinda town

*Table 3: Table showing the rate of consumption and ages of the first drink of alcohol. (n=109)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number days of taking alcohol in 30 days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-10 days (low)</td>
<td>60</td>
<td>55.0</td>
</tr>
<tr>
<td>11-20 day (moderate)</td>
<td>9</td>
<td>8.3</td>
</tr>
<tr>
<td>21-30 days (high)</td>
<td>35</td>
<td>32.1</td>
</tr>
<tr>
<td>Had no drink containing alcohol (very low)</td>
<td>5</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>109</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Age of first drink of alcohol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-11 years</td>
<td>29</td>
<td>26.6</td>
</tr>
<tr>
<td>12-13 years</td>
<td>39</td>
<td>35.8</td>
</tr>
<tr>
<td>14-16 years</td>
<td>8</td>
<td>7.3</td>
</tr>
<tr>
<td>Older than 16 years</td>
<td>33</td>
<td>30.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>109</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From the table above, 35 (32.1%) of the respondents had a high rate of consumption of alcohol taking alcohol in an interval of 21-30 days compared to 5 (4.6%) never took alcohol in the last 30 days showing a very low rate of alcohol consumption.

Majority 39 (35.8%) of the respondents drunk alcohol for their first time at the age of 12-13 years compared to 8 (7.3%) at the age of 14-16 years.
Table 4: Table showing practices on alcohol consumption among the youth of Kizinda town (n=109)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Place of drinking alcohol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bars</td>
<td>25</td>
<td>22.9</td>
</tr>
<tr>
<td>Homes</td>
<td>25</td>
<td>22.9</td>
</tr>
<tr>
<td>Shops</td>
<td>50</td>
<td>45.9</td>
</tr>
<tr>
<td>Unspecified</td>
<td>9</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Number glasses or bottles of taken in the past 30 days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 drinks</td>
<td>35</td>
<td>32.1</td>
</tr>
<tr>
<td>3-4 drinks</td>
<td>62</td>
<td>56.9</td>
</tr>
<tr>
<td>5 drinks and above</td>
<td>6</td>
<td>5.5</td>
</tr>
<tr>
<td>Never drunk in past 30 days</td>
<td>5</td>
<td>4.6</td>
</tr>
<tr>
<td>Unspecified glasses bottles</td>
<td>1</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Types of alcohol usually taken</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer, lager or stout</td>
<td>39</td>
<td>35.8</td>
</tr>
<tr>
<td>Wine</td>
<td>15</td>
<td>13.8</td>
</tr>
<tr>
<td>Local spirits (Waragi)</td>
<td>32</td>
<td>29.4</td>
</tr>
<tr>
<td>Other types of local brews</td>
<td>23</td>
<td>21.1</td>
</tr>
<tr>
<td><strong>Consume alcohol with additives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>49</td>
<td>45.0</td>
</tr>
<tr>
<td>No</td>
<td>60</td>
<td>55.0</td>
</tr>
<tr>
<td><strong>Additives used with alcohol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narcotic drugs</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>Soda</td>
<td>19</td>
<td>38.8</td>
</tr>
<tr>
<td>Water</td>
<td>18</td>
<td>36.7</td>
</tr>
<tr>
<td>Medicine</td>
<td>1</td>
<td>2.2</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
<td>12.1</td>
</tr>
<tr>
<td><strong>Reasons mixing alcohol with additives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilute alcohol concentration</td>
<td>8</td>
<td>16.3</td>
</tr>
<tr>
<td>Fear to be seen taking alcohol</td>
<td>16</td>
<td>32.7</td>
</tr>
<tr>
<td>Neutralizing the bitter taste</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>Favor strong drinks</td>
<td>20</td>
<td>40.8</td>
</tr>
</tbody>
</table>
From the table below, majority of the participants 50(45.9%) took alcohol from shops compared to 9
(8.2%) from unspecified place.
62(56.9%) of the respondents took 3-4 drinks of alcohol on days they drunk a lot compared to
1(0.9%) took unspecified bottles.
The most type of alcohol taken were beers, lager or stout accounting for 39(35.8%) compared to
15(13.8%) took wines.
Majority 60(55.0%) of the respondents never took alcohol with other additives compared to
49(45.0%) who took alcohol with additives
The most used additive was soda accounting to 19(38.8%) respondents compared to 1(2.2%) who
used medicine.
Majority of the participants 20(40.8%) used additives to favor strong drink compared to 5(10.2%)
who used additives in order to neutralize the bitter taste.
CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter presents discussion of results in comparison with other literature presented by other researchers or authors, conclusion of the study and recommendations presented by the study.

5.1 Discussion

5.1.1 Knowledge on the effects of alcohol consumption among youth of Kizinda town Bushenyi

According to the study findings, results showed that 69 (63.3%) of the youths had ever faced problems as a result of alcohol with 36 (33.0%) facing problems twice this is may be due to the urge to explore and excessive drinking and this agrees with a study done by Noel et al in (2017) were in his study majority of the students, 91.2%, perceived alcohol consumption as harmful.

According to the study results, information on effects of alcohol, majority 34 (31.2%) of the youths talked to friends and classmates this is because they spend more time with them and are more open to them which disagrees with the findings of Kofoworola Odeyemi* in (2014) were the source of information was from family members about the effects of alcohol.

According to the study findings, Majority 66 (60.6%) of the youths had heard information focusing on alcohol drinking from radios and televisions this is due to these medias being one of most accessible medias of bigger population coverage the thus agreeing with Jenny John Cheriathu study done in 2012 were his study revealed that the television and radios were among common source of knowledge regarding effect of alcohol.
According to the study findings, majority 77 (70.6%) of the youths knew that alcohol consumption is associated with serious health and social consequences this is may be because some of them had ever been culprits, seen friends or relatives with serious health and social problems as a result of alcohol consumption thus agreeing with Jenny John Cherithu 2012 in his study that revealed that Severe health-associated risk was attributed to drinking alcohol by 63% and about 334 (81.3%) responded that social problems were associated with alcohol consumption.

From the study results, majority of the youths 48 (44.0%) said alcohol was associated with motor vehicle accidents and this may have been due to occasional witnessed road traffic accidents occurring as a result of the culprits being drunk, thus concurring with ministry of health where traffic accidents were said to be high among alcohol drinker (Box, 2007) and further more agrees with a study done by Kabwama et al, 2016 were alcohol use was associated with an increased risk of road traffic accidents, HIV infection, risky sexual behaviors, sexual coercion and intimate partner violence.

5.1.2 Practices of alcohol consumption among youths of Kizinda Town Bushenyi district.

Rate of consumption of alcohol, the study finding revealed that 35 (32.1%) of youth in Kizinda consumed alcohol on a high rate, taking alcohol almost every day, this may have been due to the easy accessibility of the alcohol and to some extent this agrees with Johnston (2005) where Rates of drinking among college students and other young adults are also high. But disagrees with Faria et al (2011) where only 6.7% were heavy drinkers compared to 32.1% of this study.

According to findings of the study, majority of the youths 39 (35.8%) drunk alcohol for their first time at the age of 12-13 years which may have been due to ease of access and desire to explore which slightly agrees with the findings of Faria et al (2011) who also showed majority (42.8%) drank alcohol for their first time between 11 and 14 years of age. Kponee K (2014) further argues that teenagers
begin drinking before the age of 15 thus concurring with this study findings. Johnston (2005) also supports this by saying that thirteen- to fifteen-year-olds are at high risk to begin drinking.

According to this study results, majority of the youths 50(45.9%) took alcohol from shops, and this may have been due to the fear to be seen which disagrees with a study done by Bukuluki, in 2008 were young men are more likely to drink openly in the bars and in trading centres. They preferred such open places where they could be seen.

According to the study findings, Majority of the youths 62(56.9%) took 3-4 drinks of alcohol on days they drunk a lot this may have been due to lack of money to take more. These findings disagree with findings by Kuntsche et al in 2014 who said that more than 5 drinks were taken on occasions where alcohol consumption among youth was high.

According to the study results, most of the youths 39(35.8%) took lager or stout this is due this type being the most commonly sold in bars, which is similar to the findings by Bukuluki et al in 2008 that found that young people drink both locally produced brew and factory brewed alcohol and further found out that those without enough money were reported to drink a local gin, commonly known as waragi.

According to the study results, Majority of the youths 60(55.0%) never took alcohol with other additives may be because they never needed any form of change in the effect of the products of alcohol consumed which agrees with the study done by Bukuluki et al 2008 were alcohol was consumed with other additives and these included drugs, soda, water, and medicines.

The commonest used additive was soda accounting to 19(38.8%) of the respondents as most of the youths 20(40.8%) used additives to favor strong drink, Which agrees with the study by council et al
2015 where soda and water were among the commonest additives used. Though reasoning was different from that of this study since according to council et al 2015, the reasons for adding foreign objects in alcohol was disguising what one was drinking.

5.2 Conclusion

In conclusion, this study revealed that youth in Kizinda consumed alcohol on a high rate on daily basis and most of the youths started to take alcohol for their first time at the age of 12-13 years. High rate alcohol consumption was seen among the youth aged 20-24 years and majority in this age group are mostly students. The findings of the study also proven that alcohol consumption is harmful and majority got information on effects of alcohol from friends and classmates. Radios and televisions played a big role on delivering information on alcohol drinking. Alcohol was seen to be associated with serious health and social consequences such as motor vehicle accidents. On days where participants drunk a lot, they drank 3-4 drinks and the commonest type of alcohol taken were beers, lager or stout. The commonest drinking places were shops and 45.0% of the youths took alcohol with additives such as soda. The main reason of using additives was to favor strong drink and fear to been seen taking alcohol.

5.3 Recommendations

There the researcher recommends the following:

- To the Government, put and enforce strict laws governing prices and places supposed to sell alcohol.
- To the District Health officer (DHO), provide ways such educational program in colleges and high institutes against alcohol curb down this high rate of alcohol consumption.
To community members devise other effective ways of delivering information on alcohol drinking rather than only using radios and televisions, like WhatsApp and Facebook.

Fellow youth should be used to carry massages to their fellow youth since many talked to their friend and classmate on issues regarding alcohol.

Target areas for information should be changed from only bars and happening place to also shops.

5.4 Area for further research

1. Factors influencing alcohol consumption among medical students of KIU
2. Awareness of alcohol consumption among adolescents and young adults.
3. Impact of alcohol consumption among young adults
REFERENCES


APPENDICES

APPENDIX I: QUESTIONNAIRE

Thank you for taking your time to fill in this questionnaire, your name will remain anonymous. The purpose of this questionnaire is to assess the knowledge and practice of alcohol consumption among youth in Kizinda Bushenyi district.

Section 1. Socio-demographic characteristics

SECTION A: BIO DATA

1. Sex
   a) Male [ ]  b) Female [ ]

2. Age
   a) 15-21 [ ]  b) 20-24 [ ]  c) 25-30 [ ]

3. Religion
   a) Moslem [ ]  b) Catholic [ ]  c) Protestant [ ]  d) SDA [ ]  e) Other please [ ]

4. What is your level of education?
   a) Illiterate [ ]  b) primary [ ]  c) Secondary school [ ]  d) Tertiary/ university [ ]

5. Marital Status
   a) Married [ ]  b) Single [ ]  c) Cohabiting [ ]  d) divorced [ ]

SECTION B: Knowledge of youth on the effect of alcohol consumption.
7. During your life, have you ever had a hangover, felt sick, got into trouble with family or friends, missed school, or got into fights, as a result of drinking alcohol
   a) Yes [  ]                 b) No [  ]

8. If yes, during your life, how many times have you ever had a hangover, felt sick, got into trouble with family or friends, missed school, or got into fights, as a result of drinking alcohol
   a) 1 time [  ]             b) 2 times [  ]             c) 3 times [  ]             d) 4 or more times [  ]

9. If you wanted to get information on effects of alcohol drinking on young people, who would you like to talk to most?
   a) Friend or Classmate [  ]                   b) Parents [  ]             c) Relatives [  ]
       d) Religious leaders [  ]                   e) Youth counselor [  ]

11. In the last six months, have you heard any information focusing on alcohol drinking on:
    a) On the Radio or Television?    Yes [  ]                        No [  ]
    b) In a newspaper or magazine?      Yes [  ]                        No [  ]
    c) From a poster or billboard       Yes [  ]                        No [  ]
    d) At community events             Yes [  ]                        No [  ]
    e) From youth drama                 Yes [  ]                        No [  ]

13. Do you know that alcohol consumption is associated with serious health and social consequences due to intoxication and dependence?
   a) Yes [  ]                 b) No [  ]
14. If yes, which of these do you think are associated or caused by alcohol intoxication and dependence.
   a) Esophageal cancer [ ]  
   b) Liver cancer and cirrhosis [ ]  
   c) Homicide [ ]  
   d) Motor Vehicle accidents [ ]

SECTION C: Practices of alcohol Consumption among youths.

15. How old were you when you had your first drink of alcohol?
   a) 10 - 11 years [ ]  
   b) 12 - 13 years [ ]  
   c) 14 - 16 years [ ]  
   d) Older than 16 years [ ]

16. During the past 30 days, on how many days did you have at least one drink containing alcohol?
   a) 1 – 10 days [ ]  
   b) 11 – 20 days [ ]  
   c) 21 – 30 days [ ]  
   b) I have not had a drink containing alcohol [ ]

17. During the past 30 days, on the days you drank alcohol, how many glasses or bottles of alcohol did you usually drink per day?
   a) 1 – 2 drinks [ ]  
   b) 3 – 4 drinks [ ]  
   c) 5 drinks and above [ ]  
   d) I dint drink alcohol for the past 30 days [ ]

18. Where were you the last time you had a drink of alcohol?
   a) At home [ ]  
   b) At school [ ]  
   c) At a bar, disco [ ]  
   b) At someone else’s home [ ]

19. What type of alcohol do you usually drink?
20. Why do you prefer that type of drink above?

a) Cheaper [ ]  
b) Stronger [ ]  
c) Weaker [ ]  
d) Easily Accessed [ ]  
e) Others [ ]

21. During your life, how many times did you drink so much alcohol that you were really drunk and lost consciousness?

a) 1 - 2 times [ ]  
b) 3 - 9 times [ ]  
c) More than 10 times [ ]

b) I have never drunk alcohol and lost consciousness [ ]

22. During your life, how many times have you ever had a hangover or felt sick as a result of drinking alcohol?

a) 1 - 2 times [ ]  
b) 3 - 9 times [ ]  
c) More than 10 times [ ]

23. Do you consume alcohol with other additives?

a) Yes [ ]  
b) No [ ]

24. If yes which additives?

a) Narcotic drugs [ ]  
b) Soda [ ]  
c) Water [ ]  
d) Medicines [ ]

e) Others [ ]

25. Why do you mix additives in the alcohol?

a) Diluting alcohol concentration [ ]

b) Fear to be seen taking alcohol [ ]

c) Neutralizing the bitter taste [ ]

d) Favor strong drinks [ ]

40
e) Others [ ]

26. Where do you mainly obtain alcohol from?

a) Bars [ ]  b) Home [ ]  c) Shops [ ]  d) Others [ ]
## APPENDIX II: WORK PLAN

<table>
<thead>
<tr>
<th>Activity year 2018</th>
<th>JAN &amp; FEB</th>
<th>MAR &amp; APR</th>
<th>APR &amp; MAY</th>
<th>JUN &amp; JUL</th>
<th>AUG &amp; SEPT</th>
<th>NOV</th>
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<td>Identifying the Research Topic &amp; approval</td>
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<td>Proposal Development</td>
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<td>Collection of Data</td>
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<td>Data Analysis &amp; report writing and Binding</td>
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<td>Completion and Submission Research Report</td>
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### APPENDIX III: BUDGET

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<td>36,000/=</td>
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<td>Pens</td>
<td>2</td>
<td>500</td>
<td>1000/=</td>
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<tr>
<td><strong>SECRETARIAL SERVICES</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Proposal ( pages )</td>
<td>38</td>
<td>1000/=</td>
<td>38000/=</td>
</tr>
<tr>
<td>2. questionnaire</td>
<td>30</td>
<td>1000/=</td>
<td>30000/=</td>
</tr>
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<td><strong>PHOTOCOPYING</strong></td>
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<td>100/=</td>
<td>3800/=</td>
</tr>
<tr>
<td>3. Dissertation</td>
<td>80X4=320</td>
<td>1000/=</td>
<td>320,000/=</td>
</tr>
<tr>
<td><strong>BINDING</strong></td>
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<td></td>
</tr>
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<td>6,000/=</td>
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<td>2. Dissertation</td>
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<td>4000/=</td>
<td>16,000/=</td>
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<td>10,000/=</td>
<td>20,000/=</td>
</tr>
<tr>
<td>Miscellaneous</td>
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<td></td>
<td>25,510/=</td>
</tr>
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<td>Grand total</td>
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<td></td>
<td><strong>557,310/=</strong></td>
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APPENDIX IV: MAP OF KIZINDA

KEY

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<th>Color</th>
<th>Kizinda Town</th>
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APPENDIX V: MAP OF UGANDA SHOWING BUSHENYI DISTRICT
APPENDIX VI: INTRODUCTORY LETTER

Office of the Research Coordinator - School of Nursing

To:

Date: 3rd July 2018

Dear Sir/Madam,

RE: MAIGA AYUB HUSSEIN BNS/0001/143/DU

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Bachelors in Nursing Science - Direct and he is in his final academic year.

He is recommended to carry out his data collection within two weeks as a partial fulfillment for the award of the Bachelors in Nursing Science.

His topic is KNOWLEDGE AND PRACTICE OF ALCOHOL CONSUMPTION AMONG YOUTHS (15-30 YEARS) IN KIZINDA TOWN BUSHENYI DISTRICT.

Any assistance rendered to him will be highly appreciated.

Thank you in advance for the positive response.

[Signature]

Research Coordinator

“In exploring the Heights”