

**ASSESMENT OF FACTOR ASSOCIATED WITH ALCOHOL ABUSE AMONG  
YOUTH AGED (15-25) YEARS IN ACANA-TAA VILLAGE,  
ALOI SUB-COUNTY, ALEBTONG DISTRICT**

**BY**

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**DCM/0133/143/DU**

**A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF ALLIED  
HEALT SCIENCES IN PARTIAL FULFILMENT FOR THE AWARD  
OF DIPLOMA IN CLINICALMEDICINE AND COMMUNITY  
HEALTH OF KAMPALA INTERNATIONAL  
UNIVERSITY WESTERN CAMPUS.**

**AUGUST, 2017**

### **DECLARATION**

I Stella Amongi hereby declare that this piece of work is my own hence force present it for partial fulfillment in diploma in clinical medicine and community health at Kampala International University Western Campus.

Signature..... Date.....

AMONGI STELLA

**SUPERVISOR'S APPROVAL**

This is to certify that this report has been developed under my supervision and I approve it for submission

Signature..... Date.....

**SUPERVISOR**

**Dr ODWEE AMBROSE**

### **DEDICATION.**

This research work will be dedicated to my family members especially my father, Chief Mike Ario for his great support and encouragement in my education, my mother, my brothers and sisters and all people who contributed a lot to my studies like Toney, Jcetc and to my future children.

### **ACKNOWLEDGMENT.**

I am very thankful to the Almighty God for his abundant mercy, protection and guidance during the whole period of my study.

Many thanks to those who helped me with the completion of this report. My heartfelt appreciation to **Dr. Odwee Ambrose** for his valuable advice and guidance in the design of this report.

I would also like to extend my thanks to all academic staffs of school of Allied Health Sciences of Kampala International University Western Campus especially madam Dean; **Mrs. Christine Amongi** and **Mr. Collins** for their valuable comments during the whole process of the report development and production.

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## OPERATIONAL DEFINATIONS

<b>Alcohol:</b>	Is an intoxicating ingredient found in beer, wine and liquor.
<b>Abuse:</b>	Is a pathological pattern of use where one experience loss of control, and begins to suffer health, social and occupational effects.
<b>Alcoholism:</b>	It is a primary, chronic, progressive and terminal disease caused by one depending on a chemical substance called alcohol which is addictive in nature.
<b>Binge drinking</b>	This is drinking large amount of alcohol in a short period of time.
<b>Dependence:</b>	Psychological and physical desire to use a psychoactive substance repeatedly because of the effects offered
<b>Hazardous users:</b>	According to ICD X, is the state of rise of future, physical, social and mental complications if one continue using substance at that rate.
<b>Intoxication:</b>	Refers to a psychological, social or physical changes brought about by a psychoactive substance which disappears on elimination
<b>Social users:</b>	Are individuals who use substance of abuse in small quantity with minimal harmful effect
<b>Tolerance:</b>	A state where one uses large doses of psychoactive substance to get a desired effect which he would get using a small dose.
<b>Addiction:</b>	Is a state of psychological and physical dependence on a substance.

## LISTS OF ABBREVIATIONS

<b>ADA</b>	Alcohol and Drug Abuse
<b>DSM</b>	Diagnostic Statistical Manual
<b>DT</b>	Delirium Terrance
<b>GENACIS</b>	Gender Alcohol and Culture; an International Study
<b>HIV/AIDSs</b>	Human Immune Virus/Acquired Immune Deficiency Syndrome
<b>ICD</b>	International Classification of Diseases
<b>IDPs</b>	Internally Displaced Populations
<b>NIA</b>	National Institute on Alcohol and abuse of Alcohol
<b>STARS</b>	Start Taking Alcohol Risk Seriously
<b>STIs</b>	Sexually Transmitted Infection
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WHO</b>	World Health Organization
<b>YRBS</b>	Youth Risks behavior Survey
<b>SES:</b>	Socio-economic status.
<b>CDC:</b>	Center for disease control and prevention.
<b>NSDUH:</b>	National survey on drug use and health.
<b>DHS:</b>	Demographic and healthy survey.
<b>SABSSM:</b>	South Africa national HIV/AIDs prevalence behavior and

Community surge

## **ABSTRACT.**

### **Background.**

In Uganda, there is increasing trend in alcohol consumption where WHO ranked Uganda the leading consumer in the world. Studies among people staying in camps in war-torn areas in northern Uganda indicate that alcoholism is a common problem among the internally displaced populations, most consumers being men. This has been the major problem causing domestic violence, accidents and other causes of death in homes.

### **General objectives.**

This study was conducted to assess the factors associated with alcohol abuse among youths aged (15-25) years in Acana-Taa village.

### **Methods.**

This was a descriptive cross sectional study where data was collected using interviewers schedule with the help of questionnaires which guided on the study. It was then first analyzed manually using pens, papers, and calculators and later the computer used to present numerical data in tables.

### **Results.**

This study found out that the associated factor to alcohol abuse among youths was majorly environmental like availability of alcohol, local breweries, persuasive advertisements etc followed by socio-economic factors like peer pressure, social norms, unemployment stress and bore doom among others. Meanwhile the major effects of alcohol abuse were in their healths and economy.

### **Conclusions and recommendations.**

Therefore it was concluded that availability of alcohol due to very many breweries and persuasive advertisements, social norms, unemployment, bore doom and peer pressure among others contributed more to alcohol abuse by the youths of this village. The government should therefore organize and fund health talk programmes and seminars to carry out community sensitization so as to improve on youths' understandings about factor which lead to alcohol abuse and its effects on their lives

Lastly government should put strict alcohol policy that will limit the age, level and time of drinking alcohol.

## **CHAPTER ONE**

### **1.0 Introduction**

This chapter presents the background of the study, problem statement, the research objectives, research questions and study justification.

### **1.1. Background**

Alcohol is an intoxicating ingredient found in beer, wine and liquor. Alcohol is produced by fermentation of yeast, sugar and starches. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the blood stream. A standard drink equals to 0.6 ounces of pure ethanol or 12 ounces of beer, 8 ounces of malt liquor, 5 ounces of wine or 1.5 ounces of 80-proof distilled spirits or liquor (National Institute on Alcohol and Drugs of Abuse, 2015).

According to DSM-IV (2001), alcohol abuse is a maladaptive pattern of use of a psychoactive substance (alcohol), indicated by continued use despite of knowledge of having a persistent or recurrent social, occupational, physiological or physical problems that are caused or exacerbated by the use. It is the residual category, with dependence taking presence when applicable. The term abuse is sometimes used inappropriately to refer to any use at all, particularly of illicit drugs (WHO, 2015).

Man has been known to ingest consciousness altering substance since time immemorial. This has been always informed by socio-cultural practices and also medical conditions (Smith, 2007). However since the middle of the 19<sup>th</sup> century A.D, patterns of drug consumption characterized by variety and levels of addiction have with often severe consequences on those prone unrestrained prolonged use or to dependency (Normand, 2006).

Studies among people living in camps in the war-torn areas in the northern part of Uganda indicate that alcoholism is a common problem among the internally displaced populations. Most of the people consuming alcohols are men, although it is also reported that, women and adolescents are also drinking alcohol. Women and men who brew

alcohol often ask young children to sell it, thus introducing children as young as 8 years to drinking alcohol. The use of alcohol is facilitated by mothers giving alcohol to children as medicine because of cultural belief that alcohol cures cough and worms among young children (Ndeti, Okasha, and Mbuvi, 2006; 136).

A recent report on substance abuse in conflict affected areas and IDPs in Gulu, Kitgum and Pader District highlights a situation of serious alcohol use in the IDP camps of Northern Uganda. This situation is attributed to the 20-year injury in Acholi land, the lack of security, social displacement, and confinement in cramped crowded and unsanitary camps and lack of employment. Such conflict-related factors as well as associated problems like HIV/AIDS and other STIs greatly increased the possibilities of substance misuse (Youth Development Link, 2008). It was noted that the main gap in service provision for substance users and others who are affected is the lack of capacity of the health care and social service providers in the camps to effectively reduce risk taking and facilitate harm reduction services in the community setting. Problems of substance abuse, particularly alcohol-related sexual gender-based violence, are acknowledged in camps but very little is done to address this issues (Mc Donald, 2007).

Alcohol abuse is known to be a major problem in causing domestic violence, accidents, and other causes of deaths in homes. According to report by the in charge of Aloi Health Centre III, many patients who report to the hospital are mainly due to alcohol related problems (Aloi Health Centre III, 2016). In the process of controlling the associated factors to alcohol and drug abuse, a group of United Nations Bodies such as WHO, UNODC, have supported various efforts geared towards reducing the harm caused by alcohol and drug abuse. The only challenge has been very irregular and sometimes thematic (Uganda Youth Development Link, 2008).

## **1.2 Problem statement**

Adolescent substance abuse (alcohol) is a big public health and public safety concern and ranked as the fifth leading risk factor in premature death and disability in the world (Humphreys and McClellan, al 2007). In 2002, approximately 2,300,000 people died worldwide from alcohol-related causes and about 64,975,000 disability adjusted life years were lost due to alcohol causes (Daly, 2002) and according to NSDUH in 2013, Alcohol use increase with age and the rate increased from 2.1% among persons aged 12 or 13 to 9.5% of persons aged 14 or 15 and to 22.7% of 16 or 17 years old.

Alcohol use is one of the main causes of mortality and morbidity among adolescents (dhhs, 2007) yet it's the most commonly used drug among youths and its linked to many different health outcomes,(GENACIS,2005). Underage binge drinking is strongly correlated with other health risk such as physical problems, unprotected sexual activity, physical and sexual assault, higher risk for suicide and homicide, memory problems, changes in brain development, and even death from alcohol poisoning (CDC,2010; Millers,Naimi,Brewer, Jones, 2007). WHO report indicated that 10% to 60% of suicides are committed usually under the influence of alcohol and between 5% of parents abusing their children have alcohol disorders (Uganda Youth Development Link, 2008).

In Aloi Sub-County, Alebtong District, there is a drastic increase in alcohol consumption and alcohol related problems. According to the report by Daily Monitor, a 32 year old woman by the name of Christine Atim from Alebtong district on July 6<sup>th</sup>, 2013 intoxicated herself with alcohol and hit her husband Jimmy Ogwang with a hammer after a disagreement and she was sentenced to five years imprisonment (Daily Monitor 12/April/2014).

### **1.3 Study objectives**

#### **1.3.1 Broad objective;**

1. To assess the factors associated with alcohol abuse among youth aged (15-25) years in Acana-Taa village, Aloi Sub-county, Alebtong district.

#### **1.3.2 Specific objectives;**

1. To assess the environmental factors contributing to alcohol abuse among youths.
2. To assess the socio-economic factors contributing to alcohol abuse among youths.
3. To determine the effects of alcohol abuse on youths of Acana-Taa village.

### **1.4 Research questions**

The purpose of this study is to investigate the factors associated with alcohol abuse among youth aged (15-25) years. The research questions include;

1. What are the Environmental factors contributing to alcohol abuse among youths?
2. What are the socio-economic factors contributing to alcohol abuse among youths?
3. What are the effects of alcohol abuse on the youths?

### **1.5 Study justification**

Alcohol abuse has become a public health concern globally yet the most promising route to effective strategies for the prevention of adolescents alcohol and other drugs of abuse and risk factors to alcohol abuse are not yet identified and also the methods by which the risk factors could be effectively address and applied to the appropriate high risk and the general population in the sample studies ever done are not found. Basing on the researches that have been done, there is a high prevalence and increase rate of substance abuse among adolescents, however little is known about current patterns of substance abuse and its effects among youth entering adulthood in Uganda and specifically in Acana-Taa village.

**1.6 significance of the study.**

This study therefore will help to improve on the health condition of the in Acana-Taa village, Alebtong district and also create awareness about the effects of alcohol abuse and effects in the Ugandan people who have not started drinking alcohol.

**1.7 Scope of the study.****1.7.1 Content scope.**

The study will focus on the factors associated with alcohol abuse among youth aged (15-25) years in Acana-Taavillage, Aloii sub-county, Alebtong District.

**1.7.2 Time scope**

The investigation will be carried out from February to April 2017.

**1.7.3 Geographical scope**

Acana-Taa, the study area is located in Aloii Sub-county, Alebtong District in northern Uganda. The district is in Lango sub region and its bordered by Otuoke district to the north, Amuria district to the east, Dokolo district to the south and Lira district to the west .The district is about 285kilometers(177miles) from Kampala, Uganda's capital.(Alebtong District-Wikipedia, the free encyclopedia).

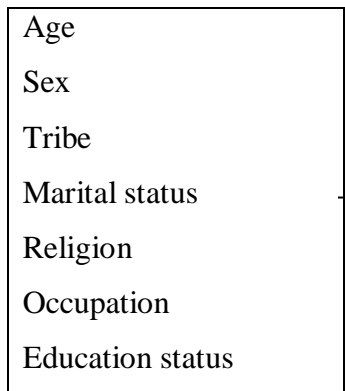


## 1.7 Conceptual frame work

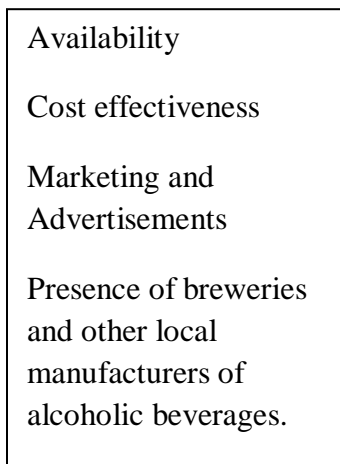
**Independent variables.**

## **Dependent variables**

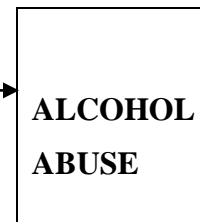
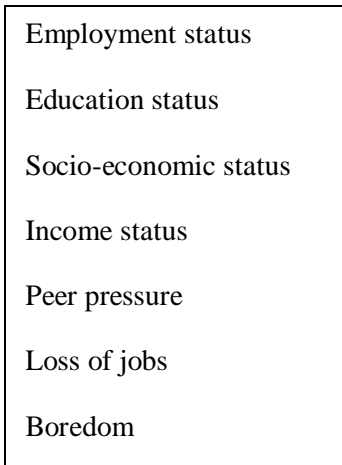
Socio-demographic factors



Environmental factors



Socio-economic factors



## **EXPLANATION OF CONCEPTUAL FRAMEWORK**

Independent variable like social demographic data helped categorizing and identifying the respondents e.g. age sex, religion while environmental and socio-economic factors picked out the specific factors which were leading them to abusing alcohol.

The dependent variable is alcohol abuse which cause very many effects on them such as binge drinking, poor performance in school and contracting STDs among others.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter mainly addresses the ideas and views of other people or individuals regarding factors associated with alcohol abuse among youth aged (15-25) years. The literature review used is grouped under the major theme of factors associated with alcohol abuse and its effects on the life of youth.

#### **2.1 Factors associated with alcohol abuse among youth aged 15-25 years**

##### **2.1.1 Environmental factors**

Uncontrolled availability of alcoholic beverages: Although availability of alcoholic beverages is determined by law and public norms, this condition is analyzed as a separate factor stimulating alcohol use. Alcohol is easily available and drinking is accepted as a norm in functions and social gatherings. (S.Nambi 2005; 92).

Increasing competitive marketing of alcoholic beverages: Due to incomplete strict control of availability and marketing of alcoholic beverages, determines higher consumption. (E.R. Weitzman et al). These are some of the risk factors to alcohol use among young people because they can easily access it as they are freely sold in the markets for many purposes.

Persuasive advertisements: Studies found out that the exposure to alcohol advertisements was associated with the onset of adolescent alcohol consumption among baseline non-drinkers, as well as with greater consumption of alcohol by adolescent drinkers Booth, et al., (2008)., while exposure to television and other broadcast media was linked to the initiation of alcohol consumption. And it was found that the impact of advertising was potentially strongest in younger age groups, and on 15 to 17-year-old girls (Jackson, et al., 2009).

Prices/taxation: The greater price elasticity of alcohol consumption by youth can be expected because of their smaller budget and a counterargument is that as considerable proportion of youth's alcohol budget is spent on beer, the price elasticity may be lower than expected (Rabinovich, 2009). A recent study concluded that price elasticity of consumption by youths is greater than by the populations at large (Meier, et al, 2008, cited in Rabinovich et al, 2009).

Presence of breweries and other local manufacturers of alcoholic beverages: It's also noted that the presence of breweries and local manufacturers increases outlet density which is an important determinant of alcohol consumption among the youths and adolescents as it also determines the general availability of alcohol. The Scandinavian review summarized evidence from several natural experiments, concluding that greater alcohol outlet density was associated with increases in alcohol consumption and alcohol-related morbidity and mortality (Jackson et al; 2009).

### **2.1.2 Socio-economic Factors**

Family Socio-economic status: Goodman and Huang, in a cross-sectional study, found that adolescents living in low SES families, as measured by household income were more vulnerable to alcohol use than those who lived in affluent families. (Goodman Huang 2002). However, there is also evidence that youths with higher SES have greater risks for developing alcohol use behaviors. Researches in three cross-sectional studies showed that adolescents growing up in higher SES families were more likely to use alcohol than those in lower SES families (Blum et al., 2000; Humensky, 2010; Hanson and Chen, 2007).

Employment status: Adolescents living in areas with low employment status have higher risk to alcohol use as compared to those in high employment status. Also found that unemployed young adults in some countries were found to drink more than their employed peers, although this trend was reversed after they reach the mid-twenties (Anderson, Baumberg, 2006).

Education status: According to the researchers, it was found that higher educational attainment was associated with great odds of daily alcohol consumption, as well as with problem drinking (Huerta, Borgonovi, 2010), and this was stronger in females than males. However youths whose parents are of low education levels are vulnerable to alcohol use than those whose parents are of high education status according to Goodman Huang, 2002.

Income status: One study has found a significant link between greater pocket money and increased alcohol consumption among 14\_year old inFinland (Rabinovich et al, 2009). Study found that UK children aged 15-16 years who had greater expendableincomewere more likely to exceed guidance on amount consumed (Bellis, et al 2010).

Family attitudes and practices: One potentially important family-level determinant of adolescents and youths alcohol initiation and intensity of use is parental provision of alcohol. Studies also found out that provision of alcohol in the 7<sup>th</sup> grade significantly increased the odds for heavy alcohol drinking in girls after two years (Danielsson, 2011). It has been suggested that learning process may contribute in a more specific way to development of alcohol dependence through the repeated experience of withdrawal syndromes. On this view, relief of withdrawal symptoms by alcohol may act as a reinforce for further drinking (Prof. David MusyiniNdeti, 2006; 23).

.Peers pressure: A large body of research has revealed that peers have strong influence on the development of adolescents substance use; adolescents who have substance-using friends are more likely to use substances (Branstetter; low, and Furman, 2011. Pressure within the group may result in the individual member acquiring habits that may be maladaptive such as alcohol or substance use as to have sense of belonging or acceptance (Prof. David MusyiniNdeti, 2006;231). Youth are more likely to increase their frequency and levels of substance use (alcohol) commensuration with that of their peers (Ali and Dwyer, 2010; Branstetter, Low, and furman, 2011).

Poor coping strategies: The person unable to face the stress often resorts to alcoholism. The defense mechanism involved in alcoholism includes denial, rationalization and projection (S. Nambi, 2005; 93). Other factors include relief of stress, boredom, family neglect, loss of job and social norms.

### **2.2.0 Effects of alcohol abuse**

Research that has been done by previous researchers indicate that many adults may assume that risk and the potential consequences of underage drinking are more or less the same as they are for adults, but research suggested that the dangers of youth drinking are magnified, (Bonnie and O'Connell, (2004). These are some of the consequences of alcohol abuse on the youths.

Binge drinking: Clossen et al (2009) found that youth often have particularly high rates of binge drinking. For example in England, about 50% of men aged 16-24 who drank in the past week consumed more than 8 units of alcohol on a single day. Therefore early alcohol abuse will lead to heavy drinking over time.

Alcohol dependency later in life: Starting to drink early may determine the attitude to alcohol later in life. Researchers found that heavy episodic drinking by boys aged 13 was one of the strongest predictors of heavy drinking later in life (Danielsson, 2011). Another review concluded that the age of initiation of regular drinking is predictive of alcohol-related problems later in life, the earlier children start to drink, and the more likely they are to suffer from alcohol-related problems, (Greenaway, et al., Hope, 2009).

Risky sexual behaviors: The most rigorous studies used event analysis, comparing at least two discrete events for each subject. They revealed a positive association between alcohol use and first sexual events, but lack of evidence for the adolescents and youths alcohol consumption and other types of sexual relationships and risky behaviors; in addition alcohol consumption among young women was associated with lower use of contraception (Kaestner, Joyce, 2001, Sen, 2002, cited in Grossman et al, 2005).

Contracting STDs e.g. HIV/AIDs: Study findings shows that those who consume alcohol have about 77% higher risk of contracting HIV compared to teetotalers.(Baliunas et al, 2010).Cooper (2002) reviewed evidence for the association between drinking and risky sex in samples of college students and youths, with much evidence in the USA .The main finding was that college drinking was strongly related to a higher probability of having sex, and to risky sex in particular (for example, having multiple partners), although evidence on the association between drinking and condom use was inconclusive. Surprisingly, another review found that heavy alcohol use was not associated with a higher probability of having adolescent sex. (Grossman et al, 2005).

Performance in school: Performance in school can be affected by in several ways, including the impact of alcohol consumption on brain development as well as absenteeism. One recent review concluded that young adults who drink excessively are more likely to report lapses in their short and long term memory than their non or low drinking counter parts.

Injuries: Alcohol-related harms and injuries are further potentially devastating consequences of excess alcohol consumption by adolescents and youth. Violence is afrequent cause of alcohol-related harms among youth. Among young people, alcohol consumption is frequently associated with violence, as well as with sexual assaults on college campuses (Newbury-Birch et al, 2009).

Death: Death is due alcohol poisoning. In 2002, WHO estimated about 600,000Europeans died as a consequence of alcohol consumption. About 10% of this death, or about 63,000, were among adolescents aged 15-29 years (Duarte, et al., 2007).

Others like hallucinations, lack of sense of responsibility etc.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **1.0 Introduction**

This chapter describes the methods which were applied during the course of study to obtain and manage data. Methods detailed out include description of the study design, study area, study population, sample size determination, sampling technique, inclusion criteria, exclusion criteria, study variables, research instruments, pretesting of data collection tools, data collection procedures, data management, data analysis and presentation, ethical considerations, study limitations and dissemination of results.

#### **3.1 Study design**

This was a descriptive cross-sectional study conducted to explore the factors associated with alcohol abuse in Acana-Taavillage, Aloi Sub-County, Alebtong District. The quantitative strategy was used to tabulate numerical data which was presented in pie charts, graphs and tables.

#### **3.2 Study area**

The study was conducted in Acana-Taavillage located in Anara parish, Aloi sub-County, Moroto County in Alebtong district in Northern Uganda. The district is located in Lango sub region and it is bordered by Otuke district to the North, Amuria District to the East, Dokolo district to the south and Lira district to the west. The district is approximately 285 km (177 miles) from Kampala, Uganda's capital. The district was found in 2010 before then it was part of Lira District. The district is made of two counties namely Ajuri County and Moroto county, (Alebtong District-Wikipedia, the free encyclopedia).

In 2002, the population census estimated the population of the district at 163,047. The 2014 national census enumerated the population at 227,541, the total area is 1,535 Km<sup>2</sup>, elevation is 1,100 (3,00ft) and population density is 148/km<sup>2</sup> (380/sq mi) (UBOS, 2016). Meanwhile Acana-Taa village has population of about 300 people.



Acana-Taa village being one of the busiest village in the parish due to many market schedules and trading centers,youth are always found gathered there with the view of relaxing.

### **3.3 Study population**

The study populations were all youths aged (15-25) years in Acana-Taa village who consented to participate in the study. A sample size of 50 respondents was interviewed by the investigator within a period of 5 days.

### **3.4 Exclusion and inclusion criteria.**

#### **3.4.1 Inclusion criteria**

The study enrolled all youths aged (15-25) years who are in Acana-Taa village and consented to participate in the study.

#### **3.4.2 Exclusion criteria**

The critically ill, mentally unwell youths aged (15-25) years and those who were absent where excused and did not participate in the study though residents of the village under study.

### **3.5 Sampling size determination.**

The sampling size was determined using Fisher's (formula, 1960) method in which the sample size is given by the expression:

$$n = \frac{z^2 pq}{d^2}$$

$$d^2$$

Where,

n = Desired sample size

z = standard normal deviation usually set at 1.96 for maximum sample at 95% confidence level.

p = proportion of youth aged 15-25 years abusing alcohol.

Therefore  $p = 1 - 0.5$

$$q = 1 - p = 1 - 0.5, = 0.5$$

$d$  = Degree of accuracy desired 0.05 or error acceptance (at 95% confidence level or 0.09 probability level).

By substitution we get:

$$n = \frac{(1.96)^2 \times 0.5 \times (1 - 0.5)}{(0.09)^2}$$

$$n = 119$$

Therefore,  $n = 119$  participants but because of the few population in that village and most of them were in school only 50 was used.

### **3.6 Sampling technique**

A non-purposive random sampling technique was used to interview youths aged (15-25) years until the study sample size of 50 respondents was achieved.

### **3.7 Definition of variables**

Dependant variables included Binge drinking, alcohol dependence later in life and addiction to alcohol.

Independent variables included alcohol availability, income status, marketing and advertisement, loss of job, peer pressure and boredom.

### **3.8 Research Instrument**

Data collection was done by using questionnaires which were written in English but also translated in the local language by the investigator during the interview. Structured and non structured questions (open and close) were used.

### **3.9 Data collection procedures**

Data was collected using interviewer's schedule with the help of questionnaires to guide in the study about the factors associated with alcohol abuse and the effects on youth aged (15-25) years.

#### **3.9.1 Data management**

Editing, coding, categorizing and summarizing of the answers given by the respondents were done by the principle investigator.

#### **3.9.2 Data analysis and presentation**

Data was analyzed manually by the help of pen, papers, calculator and later used Statistical Package for Social Scientist (SPSS) computer program to illustrate the data using figures and pie charts. Subsequently simple numerical data was analyzed by use of descriptive sentences.

#### **3.10 Ethical considerations**

An introductory letter was sought by the investigator from the office of the head of the Department of Research in School of Allied health sciences Kampala International University Western Campus and taken to the Chairman Local Council 1 of Acana-Taa village who gave me the permission to do my survey in the area without hesitation.

## CHAPTER FOUR

### STUDY FINDINGS

#### 4.0 Introduction.

This chapter deals with analysis and presentation of data collected in form of pie charts and frequency tables. Out of 50 respondents, 50 returned completely filled questionnaire thus a response rate of 100% and these were their findings.

#### 4.1 Socio-demographic data of respondents

Most respondents 19(38%) were in the age group of 24-25 years and lowest 6(12%) in the age group 15-17 years, 35(70%) were males and least 15(30%) were females, 35(70%) were Langi with least 5(10%) were others like Acholi and Kumum. The biggest number of respondents 25 (50%) were Catholics while least 1(2%) were Moslems, 20(40%) were married while the least 3(6%) were divorced from their partners, 25(50%) stopped in primary level while the least numbers of respondents 2(4%) stopped at tertiary level and the biggest number of respondents 24(48%) were peasants while the least 2(4%) were others like wheelbarrow pushers and brick burners.

**Table 1.1: shows socio-demographic files of respondents.**

**n=50**

Bio demographic parameters		Frequency(f)	Percentage (%)
Age:(years)	15-17	6	12
	18-20	10	20
	21-23	15	30
	24-25	19	38
	<b>Total</b>	<b>50</b>	<b>100</b>
Sex:	Male	35	70
	Female	15	30
	<b>Total</b>	<b>50</b>	<b>100</b>

Religion:	Catholic	25	50
	Anglican	22	44
	Moslems	1	2
	Others	2	4
	<b>Total</b>	<b>50</b>	<b>100</b>
Tribe: Iteso	Langi	35	70
		10	20
	Others	5	10
	<b>Total</b>	<b>50</b>	<b>100</b>
Marital Status:	Married	20	40
	Single	12	24
	Separated	15	30
	Divorced	3	6
	<b>Total</b>	<b>50</b>	<b>100</b>
Education Level:	Primary	25	50
	Secondary	14	28
	Tertiary	2	4
	Never went to school	9	18
	<b>Total</b>	<b>50</b>	<b>100</b>
Occupation:  Bodaboda	Business person	10	20
	Peasant farmer	24	48
		11	22
	cyclist		
	Government	3	6
	Worker		
	Others	2	4

	<b>Total</b>	<b><math>\Sigma</math> 50</b>	<b><math>\Sigma</math>100</b>
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**Table 1.2 Social factors of study participants.**

<b>factors</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
Drinking alcohol: Yes	35	70
No	15	30
Achievements from alcohol drinking: Friends	24	68.6
Wife/husband	6	17
Job	3	8.6
Others	2	5.7
Age first drunk alcohol:		
Before 15	28	80
Above 15	07	20
Amount taken per sitting:		
2-3 bottles	19	54.3
1 bottle or less	11	31.4
4-5 bottles	4	11.4
Above 5 bottles	1	2.9
Amount spent on alcohol per day: Half of what is earn per day	22	62.8
More than what is earn per day	8	22.9
Spent little	5	14.3
Sources of alcohol:		
Small bars	20	57.1
Individual brewers	10	28.6
Others	05	14.3
Who takes alcohol: Father	25	71.4
Mother	10	28.6
Time for starting drinking:		
Any time if the day	18	51.4
Evenings only	15	42.9
Very early in the morning	2	5.7
Time for returning home:		
Between 7:00pm-12:00am	22	62.8

Beyond 12:00am	10	28.6
Before 7:00pm	3	8.6

#### 4.2 Factors associated with alcohol abuse among youths aged 15-25 years.

**Table 1.3** shows responds on factors associated with alcohol abuse

<b>Factors</b>	<b>Frequency (f)</b>	<b>Percentages (%)</b>
<b>Environmental:</b>		
Availability of alcohol	20	57.1
Local breweries at home	10	28.6
Persuasive advertisements	5	14.3
<b>Total</b>	<b>35</b>	<b>100</b>
<b>Socio-economic:</b>		
Social: Social norms	14	40
Peer pressure	11	31.4
Stress	10	28.6
<b>Economic:</b>	<b>35</b>	<b>100</b>
Unemployment	15	42.9
High income status	3	8.5
Loss of job	8	22.9
Others	9	25.7
<b>Total</b>	<b>35</b>	<b>100</b>

#### 4.3 Effects of alcohol abuse.

**Table 3: Response on effects of alcohol abuse.**

Majority of respondents 25(71.4%) said that alcohol abuse affected them while least 10(28.6%) reported no effects of alcohol abuse, most 10(28.6%) said they sustained injuries while least 3(8.6%) reported they contracted STDs due to alcohol abuse.

<b>Variables</b>	<b>Frequency(f)</b>	<b>Percentage (%)</b>
Respondents affected by alcohol abuse:		
Yes	25	71.4
No	10	28.6
<b>Total</b>	<b>35</b>	<b>100</b>
Effects of alcohol on respondent:		
Contracting STDs	3	8.6
Poor performance in school	5	14.3
Risk sexual behaviors		
Binge drinking	6	17.1
Injuries		
Others	7	20
	10	28.6
	4	11.4
<b>Total</b>	<b><math>\Sigma</math> 35</b>	<b><math>\Sigma</math> 100</b>



## **CHAPTER FIVE**

### **5.0 INTRODUCTION**

This chapter involves discussion of study findings, conclusions and recommendations. The conclusions were guided by research questions, objectives and variables of the study topic. The recommendations were based on the overall factors associated with alcohol abuse and the effects of alcohol abuse.

### **5.1 DISCUSSION OF STUDY FINDINGS**

A descriptive cross-sectional study was conducted on 50 respondents for five days between 15<sup>th</sup> to 19<sup>th</sup> may 2017. It was done to determine the factors associated with alcohol abuse and its effects on the youth of Acana-Taa village in Alooi Sub-County, Alebtong District, however only 35 respondents were abusing alcohol and 15 were not.

#### **5.1.1 Factors associated with alcohol abuse.**

##### **Environmental factors:**

The availability of alcohol in the environment where youth reside contributed highly to their alcohol abuse corresponding to the research that was done (S.Nambi 2005.) .This is due to home breweries and acceptance in functions and social gatherings.

Local breweries at home were the second environmental cause of alcohol abuse among youth in this village. This is similar to the study that was carried out and found out that alcohol outlet density was associated with increase in alcohol consumption.(Jackson et al, 2009).Most of the populations in this village are unemployed and the only source of money they get is through brewing alcohol and farming and because of very many consumers of alcohol keeps them people in the business.

Persuasive advertisements and marketing, contributed less to alcohol abuse among youth of this village because those who are always attracted by adverts of alcohol are those who have not yet started drinking and the young age groups correlating to researches that were done(Booth et al,2008).also cited in (Jackson et al,2009).

**Socio-economic factors:**

Social factors;

Social norms was one of the highest social factors contributing to alcohol abuse. Because of the very many ceremonies held especially in villages, makes alcohol to be readily available and acceptable for consumption by anyone as was found in the research done in 2005 by S.nambi. (S.Nambi, 2005).

Peer pressure always being the number one cause of youth alcohol abuse was one of the factor that led these youth to abuse alcohol with the excuse of need to belonging to social grouping and conforming to their norms, also pressure within the group might have resulted some of them to become alcohol addicts as was also found by prof David. (Prof.David et al, 2006).

Stress caused some youth to start abusing alcohol either due to loss of jobs, family neglects, poor coping strategies to short comings or/and emotional stress as was in the research conducted in 2005(S.Nambi,2005;93).

Economic factors;

Unemployment contributed to abuse of alcohol by youth of Acana-Taa village, this is in correspondence with a research that was done in 2006 (Anderson, Baumberg, 2006), was also cited in (M.Droomer et al, 2007) which stated that there is relative risk to adolescents living in low employment status than those in better employment status..This is because of the low level of their education and few jobs in the village.

High income status of these youth contributed some percentage to abuse of alcohol as was also found out by (Rabinovich et al, 2009) in their research. This is because some of them do these small businesses and earn a lot of money and also those in boarding schools are always given greater amount of pocket money that has little use especially the single youth making them resort to expenditure on alcohol.

22.9% of these youth were drinking alcohol because they lost their jobs hence they are redundant

#### **5.1.2 Effects of alcohol abuse on the youth.**

Majority of them 71.4% were affected by alcohol abuse while least 28.6% were not because they don't know responsible drinking while others do.

Most respondents 28.6% sustained injuries and death due to driving or riding under the influence of alcohol in road traffic accidents and domestic violence corresponding to a report by the in charge Alooi Health Center 111 in 2016 which stated that many patients who report to the health facility are mainly due to alcohol related problems. (Alooi Health Center 111, 2016) and also cited in the daily monitor of 12<sup>th</sup>/April/2014 that a 32 year old woman from Alebtong district intoxicated herself with alcohol and hit his husband with a hammer to death.

Some of them 20% resorted to binge drinking and others risk sexual behaviors (17.1%).

Least 8.6% contracted STDs like HIV/AIDs, candidacies etc because after alcohol consumption they become too drunk to use condoms to protect them.

#### **5.2 Conclusion of the study findings.**

From the study findings, the major factor that contributed to alcohol abuse among youth was environmental which included availability, presence of local breweries and persuasive advertisements followed by socio-economic factors like unemployment, peer pressure, social norms, stress, boredom, family neglect among others. The effects of alcohol abuse were poverty, gastric ulcers, death etc.

#### **5.3 Recommendations**

Through the MOH, the government should organize and fund health talk programmes and seminars to carry out community sensitization through radios, newspapers and televisions so as to improve on youths' understandings about factors which lead to alcohol abuse and its effects on their lives.

The MOH should consider these kinds of villages when employing health workers because most times they are neglected, so that the youth staying in villages also have equal knowledge about alcohol abuse just as those in towns.

Lastly government should put strict alcohol policy that will limit the age, level and time of drinking alcohol.

## REFERENCES

African Journal of DRUG and ALCOHOL STUDIES vol. 10 No.1 2011

Alebtong District-Wikipedia the free encyclopedia.[www.alebtong.go.ug](http://www.alebtong.go.ug).

American Psychaitric Association (1994). Diagnostic Statistical Manual of mental Disorders (DSM-1V)(4<sup>TH</sup>ED.Washington,DC:Author.

Bonnie, R. 1. & O'Connell, M. E. (2004).*Reducing underage drinking: A collective* Droomers, C.T. Schrijvers,K. Stronks, D.Mheen, J.P. Mackenbach.Educational differences in excessive alcohol consumption.

Eaton, D, Kann, L, Kinchen, S.Shanklin, S.Ross, J.,Hawkins.J, et al (2008). Youth Risk Behavior Surveillance- United States 2007. By United States, 2007.MMWR; Morbidity and Mortality Weekly Report.

GENACIS study 2005 conducted by Tumwesigye and Kasirye, 2005, 26 Preliminary Jackson, C.; Herriksen, L.; and Dickson, D. Alcohol-specific Socialization, parenting behaviors and alcohol use by children. Jouenalof Studies on Alcohol 60(3):362-367, 1999.

Journal of Nursing Scholarshipip,2012;44;xxx-xxx © 2011. Sigma Theta Tau Intenation.

McQueeny, T.Scheweinsburg, B,Scheweinsburg, A.,Jacobus.J.,Bava.S.,Frank.L, Tapert S. (2009). Altered White integrity in adolescent binge drinkers.Alcohol; A clinical Experimental Research.

National Institute on Alcohol and Alcoholism (2010). Alcohol use and alcohol use disorders in united states, a 3-year follow-up: main findings from the 2004-2005 wave 2 National epidemiological survey on alcohol and related conditions(NESARC) (U.S Alcohol epidemiological data Refrence Manual, vol.8,No.2,NIH publication No. 10-7677). Bethesda, MD:National Institute of Health.

Ndeti. DM , Khasakhala li, Mutiso v, ongechaowuor FA, Kokonya DA, Drug use in rural secondary school in Kenya, substance abuse 2010; 170-173

Neereja K.P. (2008), Essentials of Mental Health and Psychiatric Nursing by Jaypee brothers medical publishers LTD.

Ovuga Emilio, (2006). Psychiatry for Primary Health Care in Uganda\_ By Makerere University fountain publishers.

Rabinovich, L., Brutscher, P. et al. (2009). The affordability of Alcohol Beverages in European Union. Understanding the link between Alcohol affordability, consumption and Harms. Cambridge RAND Europe.

responsibility. Washington D.C.: by National Academics Press.

Results from the Gender, Alcohol and Culture: An International Study (GENACIS Project). International Research Group on Gender and Alcohol (for more information please see <http://www.med.und.nodak.edu/depts/irgga/GENACISProject.html>).

S. Nambi (2005). Psychiatry for Nurses\_ By Jaypee brothers (p) medical LTD.

Substance Abuse and Mental Health Services Administration (SAMHSA). 2013 National Survey On Drug use and Health (NSDUH).

Swahn, M, Bossarte, R, & Sullivan III, E, (2008). Age of alcohol use initiation, suicide behavior and peer and dating violence victimization and perpetration among high risk, seventh-grade adolescents.

Uganda National Bureau of Statistics (UBOS). National Population and Housing Census 2004; provisional. [www.ubos.org/.../ubos/.../](http://www.ubos.org/.../ubos/.../)

Uganda Youth Development Link, Situation of alcohol abuse in Uganda (2008; pg 1)

World Health Organization (WHO), (2015). e... [www.who.int/mediacentre/factsheets/.../](http://www.who.int/mediacentre/factsheets/.../)

## **APPENDICES**

### **APPENDIX I; QUESTIONNAIRE DESIGN INTERVIEWERS SCHEDULE FOR FACTORS ASSOCIATED WITH ALCOHOL ABUSE AMONG YOUTH AGED (15-25) YEARS IN ACANA-TAA VILLAGE, ALOI SUB-COUNTY, ALEBTONG DISTRICT**

I am a student of Kampala International University pursuing Diploma in clinical medicine and community health. As my academic requirement, am expected to carry out a research study in an area of my interest. I have therefore come up with a topic “Assessment of factors associated with Alcohol abuse among youth aged (15-25) years”. Henceforth I come to you with confidence for information to enable me complete the study. I present to you my questionnaire here below to help me in gathering the information.

#### **Instructions;**

All information from respondents should be kept confidential and valued please tick inside the brackets.

Questionnaire number..... Date.....

Name of the investigator.....Signature .....

#### **Consent form.**

I, accept to participate in the research on assessment of the factors associated with alcohol abuse in Acana-Taa village, Aloi Sub-county, Alebtong district. All the details, procedures have been fully explained to me and I have understood them all; I will/shall give all this information which is true, and accurate out of my free will.

Sign..... (Respondent) Thanks.

### Demographic data

1. How old are you?

2. Sex

a. Male [ ☐ ]

b. Female [ ☐ ]

3. Which tribe are you? (Ethnicity)

a. Langi [ ☐ ]

b. Iteso[ ☐ ]

c. Others.....

4. Which religion do you belong?

a. Catholic [ ☐ ]

b. Anglican [ ☐ ]

c. Moslems [ ☐ ]

d. Others.....

5. Marital status

a. single

b. Single [ ☐ ]

c. Separated [ ☐ ]

d. Divorced [ ☐ ]

6. Occupation

a. Business person [ ☐ ]

b. Peasant farmer[ ☐ ]

c. Bodaboda cyclist [ ☐ ]

d. Government worker[ ☐ ]

e. Others.....

7. Education status

a. Primary [ ☐ ]

b. Secondary [ ☐ ]

c. Tertiary [ ☐ ]

d. Never went to school [ ☐ ]



### Characteristics of respondents

8. Do you drink alcohol? (Respondents on alcohol)
- a. Yes [    ]
- b. No [    ]
9. If no, why don't you drink alcohol?  
(Reason for not drinking alcohol).
- a. Religion [    ]
- b. Financial instability [    ]
- c. Fear of alcohol related problems [    ]
- d. Not interested [    ]
- e. Health workers advice [    ]
- f. Others.....
10. If yes, why do you drink alcohol?
- a. Job [    ]
- b. Wife/Husband [    ]
- c. Friends [    ]
- d. Others.....
11. At what age did you start  
Drinking alcohol?
- a. Before 15 years [    ]
- b. Above 15 years [    ]
12. How much alcohol do you drink per sitting?
- a. More than 5 bottles[    ]
- b. 4-5 bottles[    ]
- c. 2-3 bottles [    ]
- d. 1 or less [    ]
13. How much do you spend on alcohol per day?
- a. Half of what is earned per day [    ]
- b. More than what is earned per day[    ]
- c. Spent little [    ]

14. Where do you get alcohol from?

- a. Small bars in villages and trading centres [    ]
- b. Individual brewers home [    ]
- c. Others [    ]

15. Who takes alcohol in your family?

- a. Father [    ]
- b. Mother [    ]

16. At what time do you start drinking alcohol?

- a. Very early in the morning [    ]
- b. Evenings only [    ]
- c. Any time of the day [    ]

17. At what time do you return home? from drinking alcohol?

- a. Before 7:00 pm [    ]
- b. Beyond 12:00 am [    ]
- c. Between 7:00 pm – 12:00 am [    ]

### **Factors associated with alcohol abuse**

18. Have you ever been influenced to drink alcohol?

- a. Yes [    ]
- b. No [    ]

19. If yes, how?

- a. Environmentally [    ]
- c. Socio-economically [    ]
- d. Others .....

20. What are some of the social factors that influenced you to drink alcohol?

- a. Peer pressure [    ]

b.Social norms [     ]

e. Stress[     ]

c. Other factors.....

21. What are some of the environmental factors that caused you to drink alcohol?

a. persuasive advertisements [     ]

b. Availability [     ]

c. Local Breweries at home [     ]

d. Others.....

22. What are some of the economic factors that made you to start drinking alcohol?

a. High Income status [     ]

b. Unemployment [     ]

c. Loss of job [     ]

d.Others.....

23. What are other factors that made you to start drinking alcohol?

a. Boredom [     ]

b. Family neglect[     ]

C. Doctor's advice[     ]

d. Isolation [     ]

d.Others.....

**Effects of alcohol abuse**

24. Have you ever been affected by alcohol abuse?

a. Yes [     ]

c. No [     ]

25. If yes, how?

a. Injuries [     ]

b. Contacted STDs [     ]

C. Binge drinking [     ]

d. Poor performance at school

e. Risk sexual behaviors

e. Others.....

### MAP OF UGANDA SHOWING ALL THE DISTRICTS AS OF JULY 2010



KEY  Alebtong