

**PREVALENCE AND FACTORS INFLUENCING ALCOHOL USE
AMONGST SECONDARY SCHOOL STUDENTS IN KIRYANDONGO
DISTRICT.**

BY

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DECLARATION

I Okaka Daniel declares that, this work has never been submitted anywhere either partially or in total for the award of any degree or diploma in any university or institution of higher learning.

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DEDICATION

“If it has not been for the Lord on my side, someone should tell me where I will have been”. I dedicate this thesis to my dear Parents, Mr Okaka Moses Okello & Mrs Sarah Florah Okello, and Dr Joel Edonga for all the financial support.

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ABBREVIATIONS AND ACRONYMS

MOH:	Ministry of health
WHO:	World Health Organization
AAIS:	Adolescent alcohol involvement
AAS:	Addiction admission scale
ADI:	adolescent diagnostic interview
BAL:	Blood Alcohol Level
CASI:	Comprehensive Adolescent severity Inventory
NSDUH:	National Survey on Drug Use and Health
HIV:	Human Immunodeficiency Virus
DSM:	Diagnostic and Statistical Manual of Mental Disorders
USA:	United States of America.

KEY DEFINITIONS

Adolescence

This is the transitional phase of growth and development between childhood and adulthood. The World Health Organisation defines an adolescent as any person between ages 10 and 19. This age range falls within WHO's definition of young people which refers to individuals between ages 10 and 24.

The term according to Durand and Barlow (2007), refers to the period from the beginning of puberty to maturity; which usually starts at about age 14 in males and age 12 in females and goes on up to 20 years of age.

Barley (1989), explains that it is a transition to adulthood that varies among cultures, but it is generally defined as the time when individuals begin to function independently of their parents. Adolescence is an unstable as well as a vibrant period of any person's life.

Psychological issues of adolescents may include maturity in body, which leads to curiosity about sexual activities, sometimes leading to teenage pregnancy. Apart from that, there is a tendency to experiment with drugs and alcohol.

A person between the ages 15 – 20 years will be considered as an adolescent in this study.

Alcohol abuse:

Conceptual: According to Segal (1994), it is the use of alcohol to the point where it interferes with one's health or social adjustment.

Operational: The use of alcohol in a way that goes against the prevailing social customs or standards.

Risk factor

According to Goldstein and Brooks (2006), a risk factor is a measurable characteristic in a group of individuals or a situation that predicts a negative outcome for a specific criterion. Anything that creates chances for someone to impulsively try and seek out potentially dangerous situations without recognizing the consequences of such an action is a risk factor.

Binge Drinking

According to Wechsler (2000), binge drinking is the heavy consumption of alcohol over a short period of time with an intention of getting intoxicated. The same author further states that the taking of 4 or more alcoholic drinks for women and 5 or more alcoholic drinks for men in a row on one occasion in the previous two weeks is binge drinking. Drinking more than four or five standard alcoholic drinks within two hours for an adolescent is considered to be binge drinking.

Knowledge;

In this study means information, facts and skills attained by an individual through experience or education about alcoholism. Knowledge can be about subject and it can be theoretical or practical understanding.

CHAPTER ONE

1.0. INTRODUCTION

This study is aimed at investigating the risk factors of alcohol abuse among secondary school boys and girls. This chapter highlights the problem statement and the background information on alcohol abuse among school pupils in Ishaka, Uganda. The chapter also presents the general objective and specific objectives of the study. In this study the term alcohol abuse is used to refer to the use of alcohol which is interpreted as a problem by the community concerned.

1.1 Background

Alcohol is a grave public health problem. Globally, alcohol use has resulted into 2.5 million deaths annually. It contributes close to 4% of deaths with 6.2% of all male deaths related to alcoholism as compared to the 1.1% female deaths worldwide. Among young people aged 15-29 years, 320,000 die from alcohol related causes contributing to 9% of all the deaths worldwide in the age group annually. (Birhanu, Bisetegn, & Woldeyohannes, 2014). As a consequence of alcohol use, families are shattered bringing misery to many. Alcohol and drug use undermines the economic and social development of societies and contributes greatly to crime, instability, insecurity and spread of HIV. Additionally, alcohol use bears a great burden to society causing economic, health, crime –related costs and loss of productivity. (Shimelis & Wosen, 2015)

Substance use (Alcohol) usually may end up into substance use disorders, which are characterized by dependence and withdrawal whenever one tries to cut down the intake.

The Signs and symptoms of alcohol abuse or problem drinking include but not limited to: Repeatedly neglecting your responsibilities at home, work, or school because of drinking, using alcohol in situations where it's physically dangerous, experiencing repeated legal problems on account of one's drinking, continuing to drink even though alcohol use is causing problems in one's relationships and Drinking as a way to relax or de-stress. (Melinda, Lawrence, & Jeanne, 2016)

Alcohol dependence, also known as alcohol addiction or alcoholism, is the most severe type of drinking problem. People with alcohol dependence lose control over their drinking, become preoccupied with alcohol, and are often in denial about their problem. Its associated with Tolerance, meaning that you need larger and larger

quantities of alcohol to achieve the same affects you once did with smaller amounts, Having symptoms of withdrawal, Loss of control over the quantity of alcohol you use (drinking more than you intended), Having an ongoing desire to cut down or reduce alcohol use, Spending an increasing amount of time thinking about, getting, using, or recovering from alcohol, Neglecting social, occupational, or recreational tasks and Continuing to drink despite physical and psychological problems. (Mark & Mark, 2013)

Early onset of drinking that's to say among adolescents and young adults increases the likelihood of alcohol-related injuries, motor vehicle crash involvement, unprotected intercourse, and interpersonal violence. Alcohol use also contributes to youth suicides, homicides and fatal injuries.(Birhanu et al., 2014). This also leads to the implications of early substance dependence on the future of the youth and predicts future substance use and other psychiatric disorders.(Atwoli, Mungla, Ndung, Kinoti, & Ogot, 2011) . This also puts them at of sexual coercion as alcohol consumption contributes to 50% of all cases of sexual coercion by either the perpetrator or the victim. (Mehra, Agardh, Stafström, & Östergren, 2014)

Globally, alcohol misuse is the fifth leading risk factor for premature death and disability. However, it's the first among people aged between 15 and 49 years. This further approximates the total deaths attributable to alcohol to 25%.(National Institute on Alcohol Abuse and Alcoholism, 2015). Furthermore, alcohol use contributes to more than 200 diseases and injury related to health conditions. The commonest condition being DSM IV alcohol dependence, liver cirrhosis, cancer and injuries.(National Institute on Alcohol Abuse and Alcoholism, 2015).

Secondary school and university students are the most at risk of using alcohol and other drugs such as chewing khat and smoking tobacco/cigarette. This is attributed to the fact that entering the university provides various new opportunities such as independence from family control, self-decision making and peer-pressures to use alcohol and other related drugs.(Shimelis & Wosen, 2015). According to 2015 N (NSDUH) in USA, 58.0 % of full-time college students ages 18–22 drank alcohol, 37.9% had binge drinking while 12.5% reported heavy drinking in the month before the study. (National Institute on Alcohol Abuse and Alcoholism, 2015) .

Other studies show that there's an increase in substance use, particularly in developing countries. They are widely used among the African youths. There was 87.3% life time prevalence of substance use and current use was 69.2% among Nigerian high schools. In Kenya on the other hand studies show a lifetime alcohol use prevalence of 84%

among university students while 69.8% among college students. On the other hand in Ethiopia , among high school students in Dire Dawa, life time prevalence was 34.2% and current drinking being 19.6% (Atwoli et al., 2011; Birhanu et al., 2014).

Level of knowledge in secondary school students needs a special attention as the health of young people is a key factor in the promotion and preservation of the health of the population as a whole because it determines the overall level of population health in the short term. And has implications for the welfare of the general population since the secondary students of today are the tomorrow's generation to own the country.

1.2 Problem statement.

Alcohol abuse by adolescents does not only confine itself in homes but also in schools especially in boarding schools where pupils for the first time experience independence from the authority of their parents.

Within recent times, schools have been struggling with issues of discipline, which takes away a lot of learning time in many schools. The reported frequencies of school riots in the government schools and also public reports of underage patronage of bars, pupil suicide attempts, illegal abortions, pupil school suspensions and expulsions due to non-compliance to school rules and drunken misbehavior while attending lessons could be pointing to the assumption that some students indulge themselves in alcohol abuse. Proliferation of alcohol outlets creates even a higher temptation for secondary school student 'involvement in alcohol abuse (Magnani, 2000; Mukuka, 2000; Zambia Global School Health Survey, 2004; ZCCP,2006) and reports from educators in Uganda suggest that alcohol and other drugs are increasingly becoming a major problem in Uganda.

Although drinking of alcohol by school going children is socially unacceptable in Uganda, the WHO (2010) estimated the abuse of alcohol among the secondary school students at 25.71% (Men 14.11% women 11.6% In Uganda.

While such a number of secondary school students are involved in alcohol abuse, Spear (2002) affirms that excessive intake of alcohol at an early age has long-term effects on the brain, maturation and neuro-cognitive functions. In addition, alcohol related sexual assaults, personal inflicted injuries and death do suggest that the involvement of adolescent in alcohol use is developing to be a public health problem in the country. However, there is paucity of literature and data on the prevalence and factors associated with alcohol consumption by secondary school students in Kiryandongo, Uganda

The study therefore seeks to find out the prevalence and factors leading to alcohol consumption amongst secondary school students in Kiryandongo District, Western Uganda.

1.3 Study Objectives:

1.3.1 General Objective

The general objective of the study is to determine the prevalence and factors that influence alcohol use among secondary school students in Kiryandongo District, Western Uganda.

1.3.2 Specific Objectives

1. To assess the prevalence of alcohol use among Secondary School students.
2. To identify the types of alcohol used by students of Secondary Schools.
3. To determine the perceived effects of alcohol use among Secondary School students.
4. To determine the factors that influence alcohol use among Secondary School students.

1.4 Research questions.

The following research questions will guide the study

1. What is the prevalence of alcohol use among students in the selected Secondary schools?
2. What types of alcohol do students in the Secondary schools use?
3. What are the perceived effects of alcohol use among Secondary school students?
4. What are the factors that influence alcohol use among Secondary school students?

1.5. Justification of the Study

The similarities in alcohol use pattern among adolescents all over the world are far greater than their differences; worldwide trends have suggested increases in many

dimension of adolescent alcohol use (Coffie, 2010). The secondary school years correspond with adolescence and has become a time of increased alcohol use and abuse which can result in long term effects on both physical, psychological well being of students, impeding the attainment of their traditional adult roles (Nimako, 2012; Owusu, 2008). Yet available data on alcohol use among adolescents in Uganda is limited and this may limit government's ability to plan and implement appropriate public health interventions to reduce alcohol consumption among adolescents. Therefore conducting such a study will provide a school based data that could help in planning public health interventions to control alcohol use among adolescents. The study will also contribute to the existing literature to guide future research on alcohol use among adolescents in Uganda.

1.6. Scope of the study

The study will be carried out in Kiryandongo District. Kiryandongo is a district in Western Uganda. Its main town is Kiryandongo. Kiryandongo is located in the western part of Uganda and about 225 kilometers from the National Capital city-Kampala. The researcher will confide in the secondary schools in Kiryandongo District and will cover a population of secondary school students.

1.6.1 Geographical Scope

This study will be conducted from secondary schools which are located in Kiryandongo. Kiryandongo is located in the Western part of Uganda and about 225 kilometers from the National Capital city-Kampala. Kiryandongo is boarded by Nwoya District to the north, Oyam District to the northeast, Apac District to the east, and Masindi District to the south and west. It covers an area of 3,624.1 km² and its 1,160 meters above sea level. Most of the residents are Banyoro and Alur, and lunyoro is the common language spoken. Majority of the people are farmers growing cassava and maize as their major food crop.

1.6.2 Content scope

Dependent Variables

The main dependent variable in this study is Alcohol use.

Independent Variable

The independent variables include attitudes towards a Behavior, Subjective Norms based and their associated factors.

1.6.3 Time scope

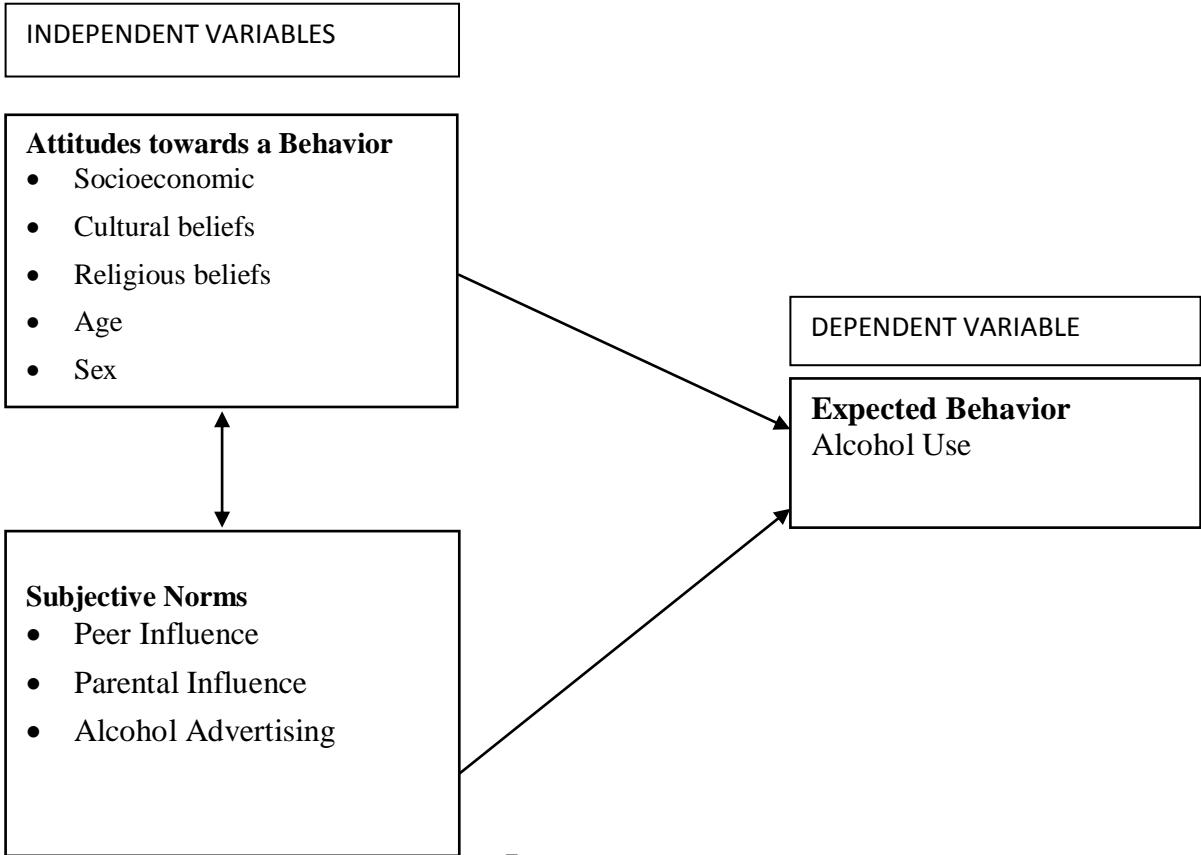
My study will be carried starting from January 2019 to April 2019

1.7. Conceptual framework:

Theories and models are said to be useful in planning, implementing and evaluating interventions (Watson, 2002; Margoluis, Stem, Salafsky, & Brown, 2009). In recent times, psychologists and other social science researchers base the explanation of substance use including alcohol use, experimentation, and abuse on Cognitive and Behavioral theories (Coffie, 2010). This study adopted the constructs in the Theory of Planned Behavior (TPB); which was propounded by Ajzen in 1988. The theory proposes a model, which measures how human actions are guided. It predicts the happening of a particular behavior provided that behavior is intentional. In other words, the Theory of Planned Behavior is a theory which predicts deliberate behavior, because behavior can be deliberative and planned. Alcohol use is based exclusively on an adolescent's decision to engage in the substance specific behavior. It assumes that human behavior is motivated by intentions. In turn, these decisions are determined by three determinants; namely an individual's attitudes towards a behavior, the subjective norms, and the perceived behavioral control (Ajzen, 1991).

Social intention, an alternative measure for action suggests an individual to make a conscious judgment or conclusion to execute an action (Conner and Armitage, 1998). TPA claims that intentions are affected by an adolescent attitude regarding their own experimental alcohol use (EAU). This presumes that the adolescents holds positive attitude towards EAU if the expected benefits of alcohol valued more than the expected cost. By and large, the stronger the intention, the more likely is the person to execute the behavior. For example, socioeconomic background may have impact on the behavior, whether conforming or deviant, it is more likely that the person become economically or socially reinforced. According to TPB, attitude towards the behavior

refers to the extent which an individual possesses a positive or a negative feelings about behavior of interest. It entails the consideration of the outcomes of carrying out the behavior. For instance, culture, which is the way a group of people live; may instill values and norms regarding alcohol use among adolescents and these may be influential in determining student attitude towards alcohol use. Subjective norms are a person’s own estimate of the social pressure to perform the target behavior. Subjective norms are assumed to have two components which work in interaction: belief about how other people, who may be in some way important, would like to behave. In other words, it refers to whether most referents (significant or influential persons such as family members, pastor, best friends) approves or disapproves of their behavior as well as how motivated they are to act in accordance with their expectation (Ajzen, 1999). Presuming therefore, adolescents will feel strong pressure to use alcohol if they believe rightly or wrongly that important friends and family members endorse their alcohol use. Another example is the media: an adolescent student may watch a star or celebrity who he or she admires in the media advertising an alcohol beverage. This student may be motivated to consume the drink that the celebrity is advertising. Citing Anderson et al (2009), *exposure to alcohol advertising increases the likelihood that an adolescent will start with consuming alcohol.*



CHAPTER TWO

2.0 LITERATURE REVIEW

This chapter will review relevant literature of Studies on alcohol use among adolescents under the following;

- Prevalence of the alcohol substance use especially among adolescents,
- The effects of the substance use
- The factors associated in alcohol use among adolescents.

2.1 Alcohol Use among Adolescents

Adolescent alcohol use is a serious concern owing to potential short to long-term outcomes for the health and safety of the individual as well as the number of associated adverse social consequences (Woods, 2011). According to the American Academy of Pediatrics, Committee on Substance Abuse, Alcohol Use and Abuse, (2011), the association between heavy adolescent alcohol use and road traffic accidents, suicide, violence and high risk sexual behaviors is well documented (Stolle, Sack, & Thomasius, 2009) Alcohol is the most widely used substance among adolescents (O'Malley et al., 1998). In recent years, alcohol use among adolescents worldwide has increased significantly, with the age at which drinking is started, decline (Coffie, 2010). This, it appears due partly to availability and the ease of getting alcohol by minors and partly to the marked improved marketing strategies by producers of alcoholic beverages, in their quest to maximize profit. Also, in the bid to show how matured they are, adolescents are particularly attracted to alcohol, therefore leading to its consumption.

2.2 Prevalence of Alcohol

Statistics showed that in Europe, nearly if not all (9 in 10) of the 15-17 year old students have used alcohol and at the some point in their life (Currie et al., 2004). Most of the adolescents have begun consuming the substance as early as the age 13 years. Data from the 2003 European School Survey Project on alcohol and other drugs found the average amount of alcohol drunk by 15-17 year olds on their last drinking occasion was 60g, thus six drinks (Hibell et al, 2004). A study carried out in Europe comprising 61000 students from 30 countries, indicated that, the overall prevalence rate of alcohol use was high. 60.6% Of all students in grade seven to nine had drunk alcohol in their life, and 27.7% within the last month. Data from the notable National Longitudinal

Alcohol Epidemiologic Study conducted in the United State of America has substantiated that the lifetime average alcohol consumption of both the dependent and the alcohol abused personalities show a striking decrease in numbers with increasing age at onset of use. For those with in the aged 12 years old or younger than the latter at first use, the prevalence of the lifetime alcohol or its substance dependence was calculated to be 40.6%, whereas those who were initiated at 18 years of age were totaled 16.6% and at 21 years was 10.6%. Similarly, in subsequent studies, the prevalence of a life time alcohol and its substance abuse was 8.3% for the age population initiated at 18 years and 4.8% for those that were initiated at 21 years.

The 2009 survey carried out in the United States, of more than 46,000 made up of grade 8th, 10th, and 12th students sampled in more than three hundred and eighty (380) schools nationwide revealed that, there was a change in that the prevalence of alcohol use in the previous 30 days to the research had sharply decline in older students. The prevalence observed of being drunk once in at least the previous month was proportional to the level of grade at the time 5.4% for 8th graders, 15.5% for 10th graders, and 27.4% for 12th graders (Johnston, O'Malley, Bachman, Schulenberg, 2009). Australia produced the following statistics: 19.2% of adolescents by then reported consuming one or more alcohol drinks reportedly in the previous three months (Hodder, Daly, Freund, Bowman, & Wingers, 2011). Similar Study conducted in the Brazil reported that the existing prevalence of alcohol experimentation ranged from the previous figure of 48.3% to 71.4% in adolescents, the study conducted also reported 27.3% regular use of alcohol, 22.1% of registered drunkenness at some time in their past time of life and 8.9% were heavy use among adolescents (Pinsky et al., 2010). Reports from the school surveys conducted across the African continent showed that the use and the abuse of drugs among adolescents begin with alcohol (Obot, 2004; Odejide, 2006). Another study conducted by Peltzer (2009), on substance use among school going adolescents students in six African countries (Kenya, Namibia, Swaziland, Uganda, Zambia, and Zimbabwe) findings indicates that 6.6% of the students surveyed engage in a risky alcohol use (two or more per day for at least a period of 20 days or more in a month). According to Fatoye (2003), a study conducted among some senior secondary school students in South Western Nigeria revealed this finding that 13% of students reported as current alcohol users while 26% had ever consumed alcohol. A study conducted in Cape Town, South Africa, sampling about thirty-nine high schools reported a prevalence rate for previous month as 31% alcohol use (Fisher, Parry, Evants, Muller, & Lambard, 2003). A study carried out on

substance use among senior secondary school students in Atteridgeville, Gauteng, South Africa involving 809 students reported that alcohol was the substance most commonly used by the students. It also became known that, about 51.4% of the students had consumed alcohol at some point in their lives. The prevalence use for the past month as report by the study was 18.1%.

To this date, majority of the present available information on alcohol use among our adolescents in Uganda has come from a small number of some cross-sectional research studies which are often conducted in single location most especially the urban areas (Lamprey, 2005; Adu-Mireku 2005) and inferring from this information's on police arrest and seizures. In a survey in Uganda, it was known that the prevalence of alcohol use among second cycle institutions was 15.3%, out of which the respondents said they drunk two or more drinks per day (Owusu, 2008).

2.3 Effects of Alcohol on Adolescents

It is highly evident that from mid adolescence to the early adulthood life, there are major increases in alcohol use which also has its related problem (Bonomo et al., 2004; Wells et al., 2004). Not just that, adolescents progressively uses alcohol in a precarious manner. For example in Europe, about 9 out of 10 adolescents population between the ages of 15 and 17 years used alcohol in some point in their early short life (Currie et al., 2004). Children and adolescents' body cannot cope with alcohol the same way as an adult can. In as much as they have smaller physique, they lack the knowledge of drinking effects. They have no framework for assessing the drinking habit and they have not built up the ability to withstand the alcohol. According to some researchers, adolescents with heavy alcohol consumption and dependence are usually predispose to harm, which includes poor mental health, poor education outcome and increased risk of crime in early adulthood (Jefferis et al., 2008; Englund et al., 2008). Alcohol use therefore has medical, psychiatric, as well as social consequences.

2.3 Medical Consequences of Alcohol use

Alcohol use among adolescents causes multiple organ problems (Schinke, Schwinn, & Cole, 2006). Alcohol as a substance is readily absorb from the stomach by the body via the small intestines, the second phase is then distributes to every body organ, tissue, and cells through the circulation (Cederbaum, 2012). Most of the circulating alcohol with in the blood is then been absorbed in the body by the liver (hepatocytes). This action is fast, and the alcohol gets broken down as a waste called carbon dioxide, water and into energy. The chemical substances which are excreted through the body kidneys do account for about 95 to 98 per cent of the alcohol a human consumed. The other

percentages escaped from the body unchanged through sweat, breath, and urine (WHO, 2011). Medical consequences of alcohol can range anywhere from acute organ damage to chronic damage. Acute complications may, a situation which occurs soon after alcohol consumption; while chronic complications occur after prolonged use. However, some complications may be reversed or treated soon after halting alcohol use, but others may be non-reversible and permanent (Vanderwaal et al., 2001; Nimako, 2011). The liver as an important organ is known to be primarily affected by alcohol (Osna, 2010). Heavy uncontrolled drinking can take a toll on the liver which eventually can lead to a number of problems such as liver inflammations, alcohol hepatitis, fibrosis and cirrhosis (Blachier, Leleu, Peck-Radosavljevic, Valla, & Roudot-Thoraval, 2013). Alcohol liver disease (ALD) is the most common and most serious complication of long-term alcohol use (Osna, 2010). The ALD have been identified into stages; Stage 1, known as alcoholic fatty change, is characterized by the deposition of fats in the liver making it enlarged. Stage 2 is characterized by progressive liver damage leading to jaundice. The stage is referred to as alcoholic hepatitis. Alcoholic pre-cirrhosis is the third stage, with liver damage. *The stage four is the permanent liver damage, often referred to as the alcoholic cirrhosis* (Thomson et al., 2008). Liver dysfunction of any of the first three stages above can be reversed after a period of 3-4 weeks when you observe abstinence from alcohol, but for the fourth stage it is deadly on the other hand and is irreversible. Cirrhosis can lead to additional complications like vomiting blood, spleen enlargement and even death (Zakhari, 2006).

Alcohol always interferes with the brain in the communication pathways (Witt, 2010), affecting the way the brain functions. These adverse disruptions of the Central Nervous System can change the mood and behavior, and makes it difficult to think or reason out things clearly and move with coordination. During adolescence, alcohol leads to the structural changes observed in the hippocampus (a part of the brain involving learning process) (De Bellis et al., 2000). If care is not taken, a high level can render a permanent impairment of the brain development (Spears, 2000). Drinking excessively or much on a single dose occasion at any time can damage the heart muscles causing problems which may include cardiomyopathy; stretching and drooping of the heart muscles, many other symptoms ranging from the chronic shortness of breath to the heart failure (Room, Babor, & Rehm, 2005; Shirref, 1997). Other complications include arrhythmias (irregular heartbeats), stroke, and high blood pressure. Although alcohol as a substance is absorbed mainly through the body from the small intestine, the undeviating effect on to the inner lining of the human stomach

(M., W., & M., 2012) leads to a condition known as acute gastritis. This attacks in an acute phase which often leads to vomiting. Repeated damage to the stomach lining can lead to hyperacidity known as peptic ulcer (Teyssen & Singer, 2003). Excessive or prolonged alcohol can also lead to stomach cancer (Franke, Teyssen, & Singer, 2005). Pancreatitis is an acute inflammation to the pancreas and usually triggered by binge drinking, and symptoms being presented as piercing pain in the belly. Pancreatitis can result in inability to digest food (Tremblay, 1996). Long term alcohol consumption leads to a decrease production of the white blood cells, a condition which weakens the immune system leading to the easier target for diseases (Szabo, 1997). Chronic drinkers are in many cases more liable to contract such diseases like pneumonia, tuberculosis, than people who do not drink much (National Institute of Alcohol and Alcoholism, 2001).

Adding to the long list of effects of alcohol is poor diet (WHO, 2003). This is more observable in poor communities where alcohol is of pitiable quality, the wellbeing of this people can be further affected which will be leading to a vicious cycle of uncontrolled alcohol consumption and poor health (Nimako, 2011). The wealthy human class can consume fairly a substantial huge amount of alcohol and have no direct complications from alcohol. However, the heavy alcohol consumption coupled with rich the diet can in most cases lead to obesity, an associated complications called diabetes and hypertension (Scarborough et al., 2011)

2.3.1 Psychiatric Consequences of Alcohol

When compared to adults, adolescents use of alcohol is much more likely to be heavy (Danielsson, Wennberg, Hibell, & Romelsjö, 2012), which makes alcohol use by that age group very treacherous. According to Brausch and Gutierrez, (2010), alcohol use disorders are a threat factor to suicide attempts, also found an association between lower minimum legal drinking age and suicide. The Psychiatric medical conditions are most likely to be co-occurring with alcohol usage among adolescents population include mood disorders, predominantly depression; attention deficits or hyperactivity disorder; anxiety disorders; conduct disorders; bulimia; and schizophrenia (Woods, 2011)

2.3.2 Social Consequences of Alcohol Use

Alcohol use among youths is the principal contributor to adolescent death (that is, motor vehicle crashes, homicide, and suicide) in the United States (National Institute of Alcohol Abuse and Alcoholism, 2009). Many motor vehicle accidents account for the most leading cause of death for American youths. The Youth Risk Behavior research conducted in the United States revealed that in the 30 days preceding the research, there was a 29.1% of student population nationwide who had ridden one or more times in a vehicle either driven by themselves or another person who had been drinking alcohol. The Center for Disease Control and Prevention (1991), came up with a remarkable hypothetical connection under the influence of alcohol leading to motor vehicle accidents which involved adolescents and the youthful population; and confused the fact that, afterwards the legal drinking age was moved to 21 years for the young generation in the United States. The death toll for individuals younger than 21 years in the states then significantly reduced. Teenagers who do drink and drive are lesser than adults, but the risk of accidents amongst this group is higher than those of adults who drink and drive (American Academy of Pediatrics, 2008). Researchers have consistently reported to the association of alcohol use with other risky behaviors like physical assault, sexual behavioral risk-taking and other substance use (Simkin, 2002; Clark, 2004; Irons, 2006; Champion et al, 2004). According to Bonomo (2001), adolescent alcohol use is associated with increased automobile accidents and injuries sustained which leads to death, suicide, absenteeism's, poor academic performance, loss of consciousness, memory blackouts, involvement to fighting, property damage, peer criticism and broken friendships, date rape and unprotected sexual intercourse that places the adolescents at risk of STD's, HIV infection and unplanned pregnancy.

Alcohol is implicated in relationship breakdown, domestic violence and poor parenting, including child neglect and abuse (Nimako, 2011; Frimpong, 2010). Family members of people who are alcohol dependent have high rate of psychiatric morbidity, and growing up with someone who misuse alcohol increases the likelihood of teenagers taking up alcohol early and developing alcohol problems themselves (Latendresse, 2010).

In a related study in Ghana, 15.1% of high school students who reported to have taken alcohol, also reported getting drunk and getting into problems with their friends, family or fighting with their friends (Owusu, 2008).

2.4 Factors Influencing Alcohol Use

Despite the fact that alcohol is the most harmful drug for an individual as well as for society (Nutt, King & Philips, 2010; Bouwmeester, 2012.), alcohol is integrated in many cultures as an aspect of everyday life. Alcohol is integrated in such a way that literature even talks of the term “alcohol culture”. Factors influencing alcohol use among adolescent will be looked at under the following sub topics; social norms, religion and alcohol advertising.

2.4.1 Family and Alcohol Use

Family is defined as a group of specified people related to each other either by blood, by marriage, or through legal adoption (Abotchi, 1998). Families do play important roles always in the actual development of alcohol and other drug related problems among youth (Rowe & Liddle, 2006; Hawkin, 2001). Parental influence is a critical factor in adolescent drinking (Kim & Neff, 2010). In a study conducted in Wisconsin, among high school students, reported suggested that 53.3% of the students reported that parental influence was instrumental in their intake or no-intake of alcohol (Nash, McQueen, & Bray, 2005). In the great United States alone, 7 million of the children younger than 18 years are children born of alcoholic parents (Ethan, 2000).

Drug and other substance use by parents, older siblings and liberal parental attitude towards alcohol use by adolescent foretell greater risk of young alcohol use (Moghe et al., 2011). Research confirms that parents who are liberal about discipline and do not enforce any rules are more likely to end up their old life with children who drink on a regular basis (Jackson, Dickson, 1999; Yu, 2003). Children born of parents who abuse alcohol are at high risk of many indecent behavioral and medical problems such as delinquencies, marked learning disorders, psychosomatic complaints, and involving in drinking or alcoholism as with adults (Adger, 2001).

2.4.2 Neighborhood and Alcohol Use

The term neighborhood has been defined as social unit or social network (Frisbie, 1988; Wellman, 1979). Theories of neighborhood influences clearly demonstrated the devastating influence of neighborhood on the entire gamut of adolescent behavior (Coleman, 1998). These influences are brought about through mediating paths such as local organizations, informed social control, forming deviant peer groups, helping of social network and parents’ characteristics. The community substance use also predicts the individuals behavior (alcohol inclusive) use behaviors (Brown et al., 2008). Rates of use are higher in communities in which alcohol is less expensive and easily obtainable. A study by Crum (1996), for instance showed that residing in a

disadvantaged neighborhood increases the likelihood that adolescents were offered various kinds of substances (alcohol inclusive) and develop heavy drinking patterns (Karvonen & Harja 1997). Maldelanu (1965), see alcohol consumption as part of cultural artifacts. In most African countries including Uganda, alcohol is used during marriages, naming ceremonies, libation pouring, funeral ceremonies and so on. The type of drink, amount and place, rate of intake, time, sex, age and associated rituals could be traced to socio-cultural settings (Owusu, 2008; Heath, 1991). Social norms regard alcohol use as having fun, meeting old and new friends: no wonder alcohol consumption among adolescents is a true reflection of the larger societal norms, attitudes, and practices (Hope, 2003; Nimako, 2001).

2.4.3 Peer Influence and Alcohol Use

Peer influence is seen as a strong determinant of public drunkenness (Kelly et al., 2012). Having influential friends who are frequent users of alcohol or other substances is a predictor of alcohol use among adolescents. The social norm approach is a theory used to explain the influence of social norms on behavior. Social norms refer to caregivers and peers. The theory states that human behaviors influenced by incorrect perceptions of how other member of our own social group thinks or acts. Applied to alcohol use among adolescents, an adolescent assumes that other adolescents attitudes towards alcohol are more accommodating than expected and that they assume that other adolescents consume more than what they really consumes.

2.4.4 Advertising and Alcohol Use

Alcohol advertising plays an important role in sustaining a cultural environment in which drinking is seen as normal and shapes adolescents perception and attitudes towards alcohol use (Gerbner, 1995).

Alcohol advertising plays an important role in having to encourage youth to drink (Saffer & Dave, 2006). For those who haven't started to drink, the expectancies" of these youths are influenced by a normative assumption about teenage habit of drinking as well as in observing parents, peers and other role models and celebrities are on the various media to increasingly portray the use (Anderson, 2009). Considerable effort in research has shown that the media which the youth is exposed to can make them and adolescents more likely to experiment the intake of alcohol (Strasburger, 2002; American Academy of Pediatrics, 2007). Media (such as television, movies, billboards, and internet), are known to be very significant in promoting alcohol use through attractive and mesmerizing manner. According to Austin and Knaus (2000) there is an association between exposure to portrayal of alcohol use on the media and positive

drinking expectancies by adolescents. In a research conducted among older adolescents between the ages of 14 and 18 years with alcohol use disorders, showed considerably superior brain activation to alcohol beverage pictures than control youths, predominantly in brain areas linked to reward, desire and positive effect (Tapert et al., 2003). Chen and Grube (2002) also asserted that young people, having more positive sentimental responses to substance called alcohol hold more favorable drinking expectancies, they perceive a greater social approval for drinking, believe drinking is more common among peers and adults, and intend to drink more as adults. Most times, paying attention to advertising presupposes that the viewer is getting some reward or benefits from it, most basically that they are doing perceived right thing by consuming the advertised product (Aitken et al., 1998).

2.4.5 Religion and Alcohol Use

Religion is for a lot of people, an aspect of everyday life (Ammerman, 2014). Religion can also be of influence on alcohol consumption (Jeynes, 2006). Religious variables such as religious preference, religiosity and alcohol prohibition are important for certain drinking patterns (Michalak et al., 2007). It is also known that students who indicate to be part of a religion reports less alcohol consumption than students who report not to follow any religion. In addition, students with no religious affinity, report significantly higher level of frequency and quantity of drinking and getting drunk (Galen & Rogers, 2004).

In conclusion, existing literature indicates a high number of alcohol uses among students in second cycle institutions. A lot of factors such as social norms, peer and parental influence have been identified as a few predictors of alcohol use among adolescents. However, not many studies have been done on alcohol use among students in secondary Schools in Uganda. This study sets out to contribute to existing in the literature on alcohol use among adolescents in Senior High School.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter gives an overview of the methods that were used in the collection of data and the measures that were taken to avoid unethical behavior. It also contains research designs that were used and the rationale for its choice, description of research setting and materials that were used in data collection.

3.1. Study Design

The study design was a quantitative cross-sectional survey

3.2. Study Population.

Secondary students who study from within Kiryandongo District

3.2.1. Inclusion criteria

Only secondary school students in Kiryandongo district

3.2.2 Exclusion criteria

All secondary school students who did not consent to the study will be excluded.

3.2.3 Sample size determination:

The sample size is to be calculated using the following formula

$$n = \frac{Z^2 P (1-P)}{E^2}$$

Where n=estimated minimum sample size required

p=proportion of a characteristic in a sample

z=1.96[for 95% confidence interval

e=margin of error set at 5%

$$\begin{aligned} n &= \frac{1.96^2 * 0.4(1-0.4)}{0.05^2} \\ &= 368 \end{aligned}$$

3.2.4 Sampling Technique

A Cluster Sampling technique was employed by the researcher with each class of learners being regarded as a primary sampling unit.

Cluster Sampling is a technique used in dividing the population under study into groups known as clusters and then randomly selecting some of the groups, and then collecting data from all members of the selected groups.

3.2.5 Data collection method

The study employed the quantitative approach to data collection. The measurement tool for the study was a self-administered questionnaire, available in English language.

3.2.6 Data collection tools

The questions were open ended and close ended. It included questions related to

- socio-demographic characteristics,
- socioeconomic characteristics,
- alcohol use,
- means of getting alcohol,
- family & peer alcohol use

3.2.7 Data collection procedure.

After obtaining approval from the faculty of clinical medicine and dentistry, a letter was taken to the Deputy vice chancellor of KIU-WC for permission to carry out the study. Thereafter permission was sought from the dean faculty of biomedical sciences. After which I sought for informed consent from individuals selected to take part in this study.

Having obtained the consent, the participants were subjected to the study tools for their responses. The researcher reviewed the responded questionnaires on a daily basis to ensure that they were being filled correctly and any errors were corrected to avoid being repeated. The process of data collection was then continued with the aim of achieving the calculated sample size

3.2.8 Quality control

Validity:

The Research Assistants underwent training where they were introduced to the research protocol and the questionnaire and were made to undergo interview simulations to polish up their skills. This was important in order to familiarize them

with the questionnaire administration and thus reduce inconsistencies and biases during the explanation. Each question was explained in English to ensure that participants understand clearly what the question means. Furthermore, participants were encouraged to ask the researcher for any questions.

Teachers and members of staff of the schools were not allowed to sit in the classroom during the time when students were completing the questionnaire. To ensure quality of work, the researcher accompanied the research assistant to every school to collect data and to crosscheck on data collected. All questionnaires were collected from participants and checked for completeness, accuracy, and any irregularities at the school. All data collected was then kept by researcher for analysis and report writing. At the data analysis stage researcher again checked that the data was complete and consistent.

Reliability

It was done by pretesting the questionnaire in another district to assess whether the questions are clear to the respondents before it was used to collect data in Kiryandongo district.

Measures to eliminate Bias

To eliminate bias, Simple random sampling was employed to ensure equal opportunities for all students.

3.2.9 Data analysis and presentation

Data from questionnaire was analyzed using SPSS software and results were presented in frequency table and descriptive analyses. The descriptive statistics was used to ascertain information about the prevalence of alcohol use; the comparisons of variables between the schools used for the study and assess the major aspects of media that influenced alcohol use among the respondents. Test of association and correlation between explanatory variables and the outcomes of interest was done using Chi square tests.

3.10 Ethical consideration

Ethical approval was sought from the KIUTH Research Ethics Committee (REC).

The approval letter was forwarded to Administration of the different schools for acceptance to carry out research in their schools.

Great care was taken to protect the research participants. First, the purpose of the research was explained to the participants, that allowed them to choose whether or not to participate. They were informed that since participation will be voluntary each individual would be free even to withdraw at any point during the study. Informed consent was then obtained from all those who agreed to participate in the study. Participants were then assured that no harm would come to them as a result of their participation or refusal to participate in the research. They were also assured about the confidentiality of all that they will say in the study. Lastly, the researcher assured the participants that the resulting research and publications would not be used in any way that will bring harm to them as a group. The questionnaires did not have any slot for the name to assure anonymity in the sourcing of information.

Limitations of the study

1. Time was a limiting factor since I had to work on the research project as well as other studies for the course. However, this was managed by programming myself well to meet both goals.
2. Insufficient funds limited the work since this was individually funded research. However, the little funds available for research were budgeted for and used carefully to meet the basic requirements of the research.
3. Some information may be sensitive to the participants to give out or may arise bad memories of events to the participants. Time was spent to establish rapport with the participants as this encouraged them to answer truthfully the questions.

Plans for dissemination of data

On completion of the report, it was disseminated to the faculty of clinical medicine and dentistry of Kampala International University - Western Campus, DVC KIU-WC, dean student's affairs KIU-WC, Executive director of KIU-TH, secondary schools that participated in this activity and a copy remained with the researcher for reference and future use.

CHAPTER 4: RESULTS

4.0 Introduction.

This chapter presents findings of the study obtained from the analysis. This was done in relation to the study's objectives. Findings reveal that a total of 368 secondary school students completed the structured questionnaire out of the 368 questionnaires distributed.

4.1 Results of Objective 1:

What is the prevalence of alcohol use among students in the selected Secondary schools?

Socio-demographic Characteristics and Alcohol use

Table 4.1.0 shows the summary of the demographic details of respondents of the study. There were 368 respondents involved in the study with 230 males and 138 females. The age distribution ranges from 16 to 21 years with a mean age of 18.5 years. Majority (75.5%) of the respondents were Christians and the rest were Muslims (24.5%) Also, 17.39%, (64) of the respondents were in senior two, 44% (162) were in senior 4, and 38.5% (142) were in senior six. The Banyoro people were in the majority (42%) followed by Alur (27.9%) and Achooli (19%). The minority were the Japhadola with 2.1 % It became known that most (40.7%) of the respondents were living with both parents and siblings.

Table 4.1.0

	Frequency	Percentage
Age		
16	57	15.4
17	70	19
18	83	22.5
19	90	24.4
20	42	11.4
21	26	7
Gender		
Male	230	62.5
Female	138	37.5
Religion		

Christianity	278	75.5
Islam	90	24.4
Traditional	0	0
No religion	0	0
Ethnicity		
Munyoro	151	41
Alur	103	27.9
Achooli	70	19
Muganda	10	2.71
Musoga	26	7
Japhadola	8	2.17
Class		
Senior 2	64	17.39
Senior 4	162	44
Senior 6	142	38.5
Living with		
Single parent	115	31.25
Both Parents only	90	24.4
Parents and siblings	150	40.76
Other relatives	13	3.53
Living alone	0	0
Fathers occupation		
No work:	51	13.85
Civil servant	60	16.3
Self employed	89	24.1
Transport worker	57	15.4
Farmer	61	16.5
Casual work	50	13.5
Source of pocket money		
Parents	340	92.39
Guardians	15	4
working	13	3.5
Gifts	0	0

Others	0	0
Money spent on average as pocket money (UGX)		
500-5000	187	37.3
5000-10,000	102	27.7
10,000-15,000	50	13.5
15,000-20,000	20	5.4
>20,000	9	2.4
Do you also work apart from being a student		
Yes	13	3.5
No	355	96.4
Do you know someone who drinks alcohol?		
Yes	368	100
No	0	0
If yes, who is she to you?		
Friend	102	27.7
Schoolmate	30	8.1
Class mate	5	1.3
Parent	119	32.3
Relative	69	18.75
Neighbor	40	10.8
Teacher	3	0.81
Are you aware that some of your colleague students drink?		
Yes	350	95.1
No	18	4.89

4.2: Objective 2: what type of Alcohol do secondary school students use?

The study showed that about three quarters of respondents (273), attested that they have taken alcohol before. Assessing their current intake of alcohol, it came to light that, majority of the participants who had taken alcohol, still take alcohol with 70.3% reporting that they still drink alcohol. The kind of alcoholic beverages that were reportedly taken by those who had taken alcohol before were beer, wine and spirits. All people said they had taken all the three categories of alcohol before. When the participants were asked about their means of getting these alcoholic beverages, varied responses were provided. These details are highlighted in Table II below with the highest being bought on own and lowest being from brothers or sisters.

Table 3. 4.2

Variable	Frequency	Percentage
Have you taken any alcoholic beverage before?		
Yes	273	74.1
No	95	25.8
Total	368	100
How old were you when you first took alcohol?		
15 years	30	8.1
16 years	156	42.3
17 years	75	20.38
18 years	50	5.4
19 years	45	12.2
20 years	12	3.26
Current Alcohol Use		
Yes	192	70.3
No	76	27.8
In the past year, how often have you had alcoholic beverage?		
Monthly	252	92.3%
2-4 times a month	20	7.35
2-3 times a month	1	0.36
4 or more times a month	0	0

Table 4.2.2: Preferred Alcoholic Beverage

Variable	Frequency	Percentage
Beer	97	31.3
Wine	12	3.8
Spirit	150	48.5
All the above	50	16.1
Non respondents	59	

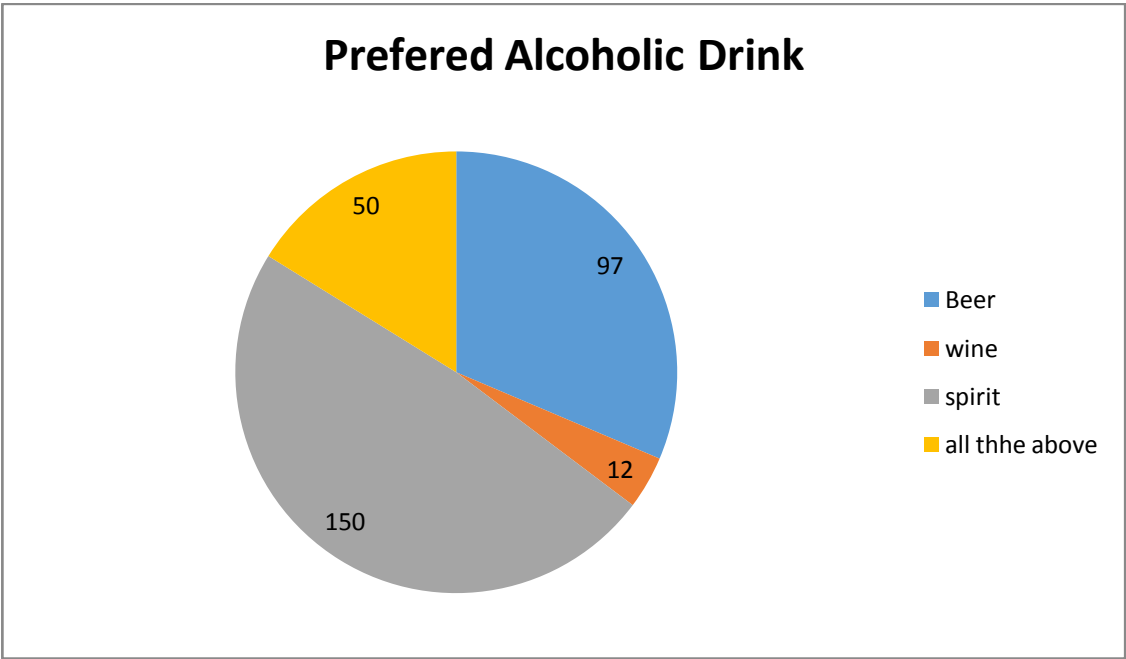


Figure 1

Table 4.2.: Means of getting alcohol.

Variable	Frequency	Percentage
Parental supervision	0	8.8
Relatives offer	80	5.8
Home without parental knowledge	23	19.7
Friends	101	28.5
Bought	70	5.1

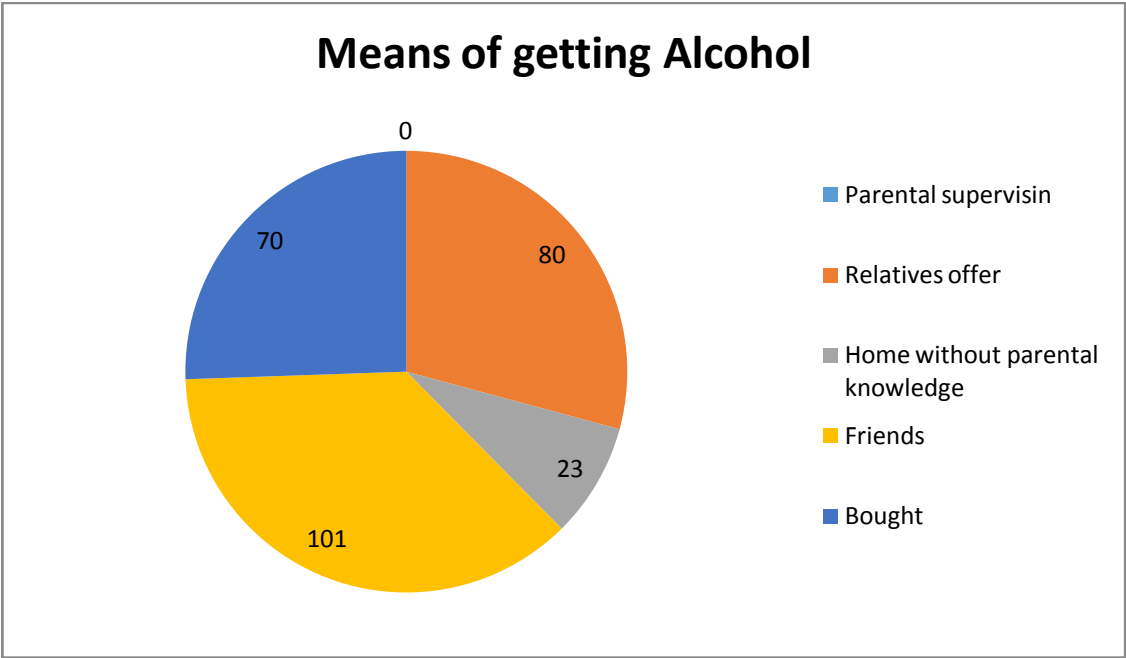


Figure 2

4.3 Objective 3: What are the perceived effects of alcohol use among Secondary school students?

Delving into the effects of alcohol use on respondents, the study revealed that majority of the participants“ reported no physical effect of taking alcoholic beverage. About 95% of the respondents disclosed that they have not suffered any effect of alcohol use assessed.

However, 72.2% (266) of the participants reported that they were involved in one form of accident or the other. The effects of alcoholism that the respondents were assessed on were inability to study, getting into a fight, missing out on important things, being embarrassed or causing embarrassment to others, neglecting one’s duties, getting to school drunk or high, passing out or fainting and being involved in an accident due to one’s alcohol intake or that of other people they were with.

Table 4.3: Perceived Effects of Alcohol Use

Variable	Frequency	Percentage
Inability to study or do homework		
Yes	181	49.1
No	187	50.8

Getting into a fight		
Yes	57	18.3
No	311	84.5
Missing out on important things		
Yes	91	24.7
No	269	73.0
Being embarrassed		
Yes	251	68.2
No	69	18.75
Being shunned by family members		
Yes	369	100
No	0	0
Getting to school drunk		
Yes	56	15.2
No	312	84.7
Passing out		
Yes	57	15.4
No	311	84.5
Being involved in an accident		
Yes	102	27.7
No	266	72.08
Missed a day at school		
Yes	11	2.98
No	353	95.9
Found yourself in a place you could remember getting there		
Yes	59	16.0
No	229	62.2

4.4. Objective 4: Factors that Influence Alcohol Use

Examining the factors that influences alcohol use revealed that peer pressure is the most influential among students with parental or sibling influences being the least. This information is detailed in Table (4.4). 100 %(368) of participants said they had access to at least a source of media. Out of all the participants who divulged to having access to media, 65.76% (242) watched the television, 18.20% (97) listened to radio, 4.89% (18) disclosed that their mobile phones served as a means of getting information and 2.98% (11) said they read magazines to get information they needed. Further probing disclosed that 54% (74) of the 137 participants who have taken alcohol before were encouraged by advertisements. From this number, 108 were encouraged by the use of celebrities, which accounted for 29.3%. Whereas 41.5% (153) said music encouraged .

Table 4.4

VARIABLES	FREQUENCY	PERCENTAGE
General influence of Alcohol		
Peer pressure	303	82.3
Advertisement	10	2.71
Social media	55	14.9
Parent/siblings influence	0	0
Availability/accessibility of Alcohol	0	0
none	0	0
Perceived influence on others		
Peer pressure	345	93.75
Advertisement	3	0.81
Social media	18	4.89
Availability/accessibility of alcohol	2	0.54
none	0	0
Access to media		
Yes	368	100
No	0	0
Source of information		
Television	242	65.76
radio	97	18.20
Magazines	11	2.98
Mobile phones	18	4.89

Does alcohol advertisement encourage you to drink?		
Yes	261	70.9
No	107	29.0
None	0	0
Aspects of advertisement		
Use of celebrities	108	29.3
Musicals	153	41.5
Animation	0	0
Use of role modes	0	0
none	0	0

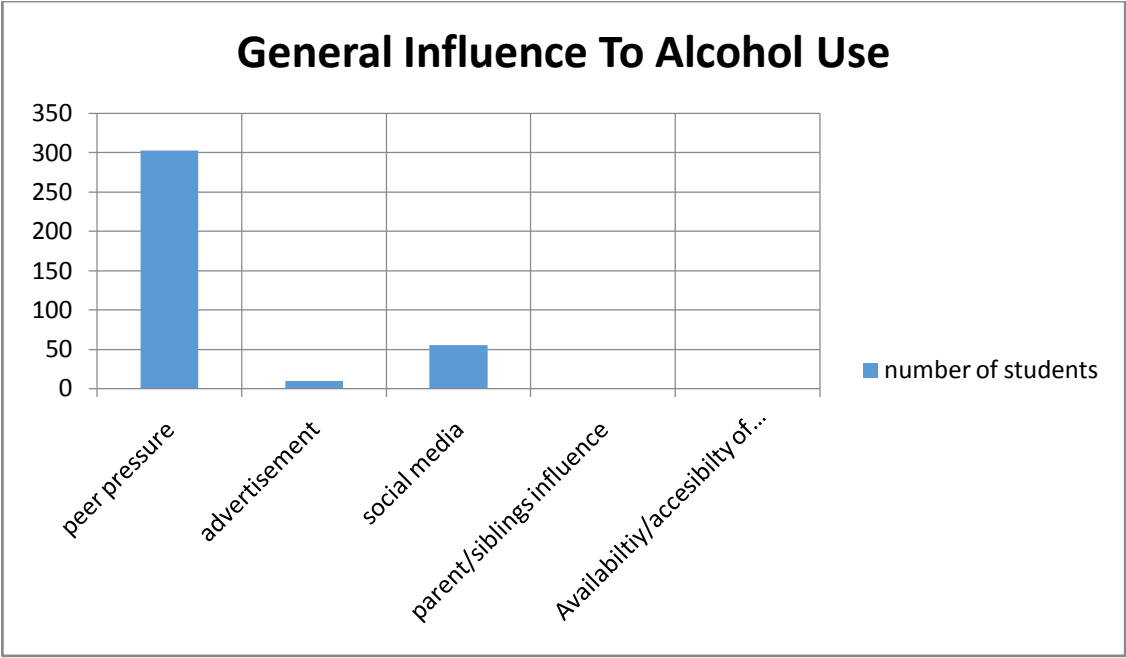


Figure 3

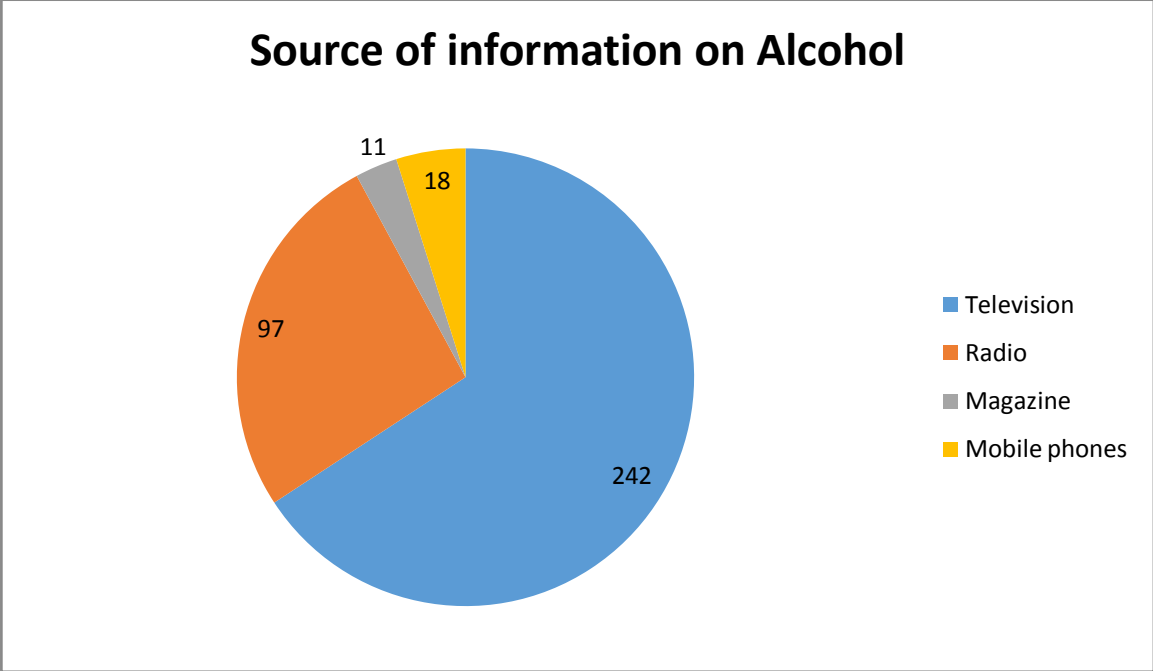


Figure 4

4.4.1 Reasons for Alcohol Use

Out of the 368 respondents who attested to have taking alcohol, majority (80.70%) said curiosity about alcohol and its effects was the reason for their intake. The reason for getting drunk was the least. This is shown in table 4.7.

Table 4.4.1: Reason for Alcohol Use

Variable;	frequency	Percentage
Do you have any reason for drinking Alcohol?		
Yes	368	100
No	0	0
Reason for alcohol use		
To have fun	301	81.79
I like the feeling	10	2.71
To relax	6	1.63
To cope with stress	13	3.53
To be with my friends	28	7.6
I am bored	0	0
I feel sad for myself	10	2.71
Why did you take your fist drink?		

curiosity	297	80.70
Parent or relative	0	0
Friends encourage me	69	18.75
To get away from my problems	0	0
To get drunk	2	0.54

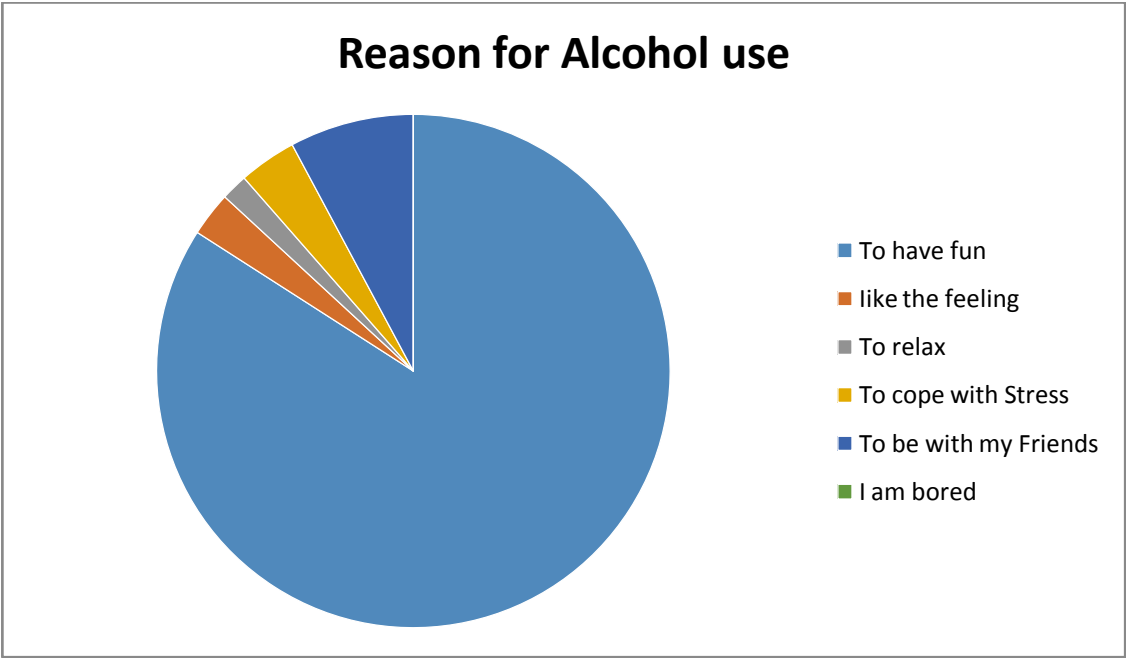


Figure 5

Association between Demographic Characteristics and Alcohol Use Alcohol use

Variable	Yes (%)	No (%)	X ²	P-Value
Age			11.070	<0.0001
16	9	9		
17	37	5		
18	41	67		
19	31	44		
20	19	23		
21	26	57		
Gender			3.84	0.0005
Male	88	105		
Female	49	126		
Religion			0.25	0.611
Christianity	140	9		
Islam	85	4		
Traditional	0	0		
No religion	0	0		
Ethnicity			2.57	0.764
Munyoro	151	0		
Alur	102	1		
Achooli	70	0		
Muganda	10	0		
Musoga	26	0		
Japhadola	8	0		
Form			0.94	0.622
Senior 2	60	4		
Senior 4	150	14		
Senior 6	132	10		
Living with			6.08	0.01
Single parent	100	15		
Both Parents only	85	5		
Parents and siblings	140	10		
Other relatives	13	0		
Living alone	0	0		

CHAPTER 5: DISCUSSION

5.0: Introduction

The study was carried out mainly to determine the prevalence and the factors that influence alcohol use among secondary school students in the Kiryandongo District. This chapter therefore reveals the major findings from the analyzed data and the overall conclusions of the study after which recommendations will be made.

5.1 Socio-Demographic Characteristics and Alcohol Use

The study revealed that there is significant association between the age of respondents and their tendency to use alcohol ($p=0.0001$). This finding concurs to a study carried out by Ntowbea- Cofie, (2010) in the Dangme West District showing a significant difference in age between those who drink and those who do not, where ($p=0.003$). The study also shows a relationship between gender of the respondents and their tendency to use alcohol ($p=0.005$). This concurs to a study by Adu-Mireku, (2003) among SHS students in Accra which reported that boys are more likely than girls to use alcohol. Also, the findings concurs with a Global School –Based Survey done in Uganda 14% and 12% of boys and girls aged 13-15 years, respectively reported that they took alcohol so much that they got drunk. There was no significant relationship between religion and alcohol use among the respondents ($p=0.611$). The finding on religion and alcohol consumption is not in line with Galen & Roger (2004), assertion that student who indicates to be part of a religion report less alcohol use compared to those without any religion.

5.2 Prevalence of Alcohol Use.

The study reveals that 74.1% of the total sample attested to have taken alcohol. This can therefore be used as a conclusion that there is a prevalence of alcohol use among secondary school students who participated in the study. The finding from the study therefore concurs with the findings of Boschloo, Reeuwijk, Schoevers, and Penninx, (2014) as well as the findings of Corte and Sommers, (2005). The value also shows that the prevalent rate in the kiryandongo district is higher when Nimako, (2012) and Adu- Mireku, (2003), did similar studies among senior high school students in Accra with alcohol use prevalence of 25.7%.

5.3 Preferred Alcoholic Beverage

The study further shows that the types of alcoholic beverages preferred are mostly beer and spirits. However, spirits are reported to be the most preferred category of alcoholic beverages contributing 48.5% of the number who said they enjoyed alcohol. This is true for a study conducted by Tanski et al, (2011) in the UAS among 2699 youth between the ages of 16 to 20 years in the USA. The finding showed that about 42% the respondents attested that beer is the alcoholic beverage of preference.

5.4 Reasons for Alcohol Use

The study revealed that, the major reason that made students in Secondary schools take alcohol for the first time was out of curiosity. This reason contributed 80.7% of the entire assessed reasons used in the questionnaire. This was followed by friends encouraged with the minority reason being for the purposes of getting drunk with 0.54%. The finding is in contradiction to (Kim & Neff, 2010) that parental alcohol intake is primary influencer to an adolescent alcohol use. In addition, a study conducted in Wisconsin by (Nash, McQueen & Bray, 2005) among High School students showed that, 53.3% said that parental influence was instrumental to the intake and no-intake of alcohol.

5.5 Effects of Alcohol Use

The study also brought out information that there was a significantly no effect of alcohol use among Secondary school students. Close to 95% of the respondents said, they have not experienced any of the effects of alcohol stated in the questionnaire used in the study. There were no medical, psychiatric or social consequences that can significantly be attributed to the use of alcohol by Secondary school students in the Kiryandongo District. Effects like poor diet found in the studies of WHO (2003), peptic ulcer (Teyssen & Singer, 2003) among other significant effect from other studies were not found out in this study.

5.6 Factors Influencing Alcohol Use

The study revealed that alcohol social media and peers are the major influences of alcohol use among students. The findings somehow confirms the assumption made by Anderson et al (2009), that exposure to alcohol advertising increases the likelihood that an adolescent will consume alcohol.

Parental influence, religious beliefs, students' level in secondary and the age of students did not have any influence on the use of alcohol by students. That being said, it is noteworthy to reveal that gender and ethnicity or cultural beliefs are significant influences of alcohol use among students although their influences have weak correlations. The findings gotten from the studies of Kim and Neff, (2010) have therefore been contrasted by this finding. There is also a contradiction in the findings of Latendresse, (2010) which offered that parental influence affects the alcohol use of adolescents.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Conclusions of Objective 1

The results obtained from the study suggested that there was a low prevalence of alcohol use among students of Kiryandongo district.

Conclusion of Objective 2

The results obtained from the study suggested that spirits are the most preferred category of alcoholic beverages and majority still take alcohol almost every month, which they buy by themselves.

Conclusion for objective 3

The results from objective 3 of this study has brought to light that the majority of the students did not report any significant effects of alcohol on themselves who use it, however, most of them were shunned by their friends and relatives because of drinking alcohol.

Conclusion for objective 4;

In this study, the principal factors that influenced them to drink were social media and peer pressure, with television being their main media source.

6.2 Recommendations

- Similar studies should include students in other classes and out of school adolescents in the community.
- The mesmerizing nature of alcohol use on our social Medias should be checked.

- The influence of peer pressure should also be tackled especially in our second cycle institutions to reduce its negative effects on adolescents by focusing on its positive sides
- The study also showed that majority of the respondents live with their parents and they serve as their main of pocket money. Parents should use this opportunity to moderately give their children just the amount that they need. Parents should also live a model life worthy of emulation by their children and neighbors.
- Finally, the youth should have life skills both in schools and in the community to give them less time to indulge in risky behaviors such as alcohol misuse and abuse.

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APPENDIX

APPENDIX 1: CONSENT FORM

My name is OKAKA DANIEL, a student of Bachelor of medicine and surgery at Kampala International University - western campus. I will appreciate your participation. The information is intended for study purposes strictly and whatever information you will provide will be kept strictly confidential.

This study seeks to identify the prevalence, reasons, effects and the factors that influence alcohol use among Senior High School students in Bushenyi District. Your full participation will be of great help to the success of this research. The research will go a long way to add to limited knowledge on alcohol, and help school administrators and the nation as whole to design interventions to control alcohol use among adolescents.

Purpose of the Research

Alcohol use is a one of the numerous Public Health problems and most literature says it has its genesis in adolescence. Adolescents are known to abuse drugs and alcohol is said to be the most abused drug by adolescents. The abuse of alcohol can lead to risky sexual behaviors, violence, Juvenal delinquency, conflicts (with family members and friends), accidents just to mention a few. We want find ways to stop these vices and we believe that your participation will help us acquire the information needed.

Types of Research Intervention

This research will involve your participation in answering a structured questionnaire that will take about 15 to 20 minutes. You can answer the question yourself or you may be helped by the research team. If you are uncomfortable in answering any of the questions included in the survey, you may skip and move to the next question. Information recorded confidential; your name will not be included on the form, only a given number will be used to identify you. No one except the research team will have access to your answers provided in the survey.

Participant Selection

You are being selected to participate in this research because we feel that your knowledge and experience as an older adolescent can contribute immensely to our understanding of the factors that influences this age group to use alcohol.

Voluntary Participation

Your participation in this research is voluntary. It is your choice whether to participate in the research or not. The choice you make will not have any bearing on your

academic, private or personal life. You may change your mind later or stop participating even if you have agreed earlier.

Cost: There are no financial benefits for participating in this study. However, this will cost you a little of your time.

Risk

There is no risk involve in taking part in the research. However, we are asking you share with us some very personal and confidential information and you may feel uncomfortable talking about it. You do not have to answer any of those questions if you do not want to do so, and that is fine. Furthermore, you do not have to give any reason for not answering not responding either.

Confidentiality

The research being done in the school community may draw attention and if you participate, you may be asked questions by other people in the school environment. We will not be sharing information about you with anyone outside the research team. The information collected will be private. All information will be coded with a number for identification. Only the researchers will know what your number is and it will be locked up.

Benefit; information obtained will be used as a mouthpiece to come up with strategies to curb/prevent the increasing prevalence and drug use among the youth and thus reduce on its morbidity and outcomes.

Participation: Participation in this survey is voluntary and you can choose not to answer any individual question. However, I hope that you will participate in this survey since your views are dearly important.

For any further inquiries, contact me on Phone 0773768899, 0706461317 or by Email: danieleric50@gmail.com or okakadanieleric@ymail.com

Part for the participant;

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been requested to answer to my satisfaction. I consent voluntarily to be a participant in this study

Participants signature:.....

Date.....

Researcher’s signature:.....

Date.....

APPENDIX II: QUESTIONIER

DEMOGRAPHIC BACKGROUND

No.	Questions	Response
1	What is your age?	
1a	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
1b	Form	S.2 <input type="checkbox"/> S.4 <input type="checkbox"/> S.6 <input type="checkbox"/>
1c	Religious Denomination	Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Traditional <input type="checkbox"/> No Religion <input type="checkbox"/> Other specify
1d	Ethnicity	Munyoro <input type="checkbox"/> Alur <input type="checkbox"/> Acholi <input type="checkbox"/> <input type="checkbox"/> specify

1e	With whom do you live with?	<div>only father<input type="checkbox"/></div> <div>only mother<input type="checkbox"/></div> <div>both father and mother<input type="checkbox"/></div> <div>both parents and siblings</div> <div>other relatives<input type="checkbox"/></div> <div>living alone<input type="checkbox"/></div> <div>others specify.....<input type="checkbox"/></div>
	What's your fathers occupation?	<div>No work<input type="checkbox"/></div> <div>Civil servant<input type="checkbox"/></div> <div>Self-employed<input type="checkbox"/></div> <div>Transport worker Others</div> <div>specify.....</div>
	What is your mother's occupation?	<div>House wife<input type="checkbox"/></div> <div>Civil servant<input type="checkbox"/></div> <div>Self-employed<input type="checkbox"/></div> <div>Others specify.....</div>

	Where do you get your pocket money from?	Parents <input type="checkbox"/> Guardians <input type="checkbox"/> From working <input type="checkbox"/> Gifts <input type="checkbox"/> Others, specify
	How much do you spend on average as pocket money?	Please specify below. <hr/> <hr/> <hr/> <hr/>
	Do you also work apart from being a student?	Yes <input type="checkbox"/> no <input type="checkbox"/>
	Do you know someone who drinks alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, who is he/she to you?	Friend <input type="checkbox"/> School mate <input type="checkbox"/> Classmate <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> <input type="checkbox"/>

		Neighbor Teacher <input type="checkbox"/> Other Specify
	Are you aware that some of your colleague students drink alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ALCOHOL CONSUMPTION AND FREQUENCY

2a	Have you taken any alcoholic beverage before?	Yes <input type="checkbox"/> No (skip to Q2d) <input type="checkbox"/>
2b	If yes, to Q2a, how old were you when you first took an alcoholic beverage?	Please provide the answer in the box provided <div></div>
2c	What is the name of the drink you took?	Provide the answer in the box <div></div>
2d	Do you currently drink alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2e	In the past year, how often have you had an alcoholic beverage?	Monthly <input type="checkbox"/> 2 – 4 times a month <input type="checkbox"/> 2 -3 times in a week <input type="checkbox"/>

		4+ times per week None <input type="checkbox"/>
2f	How do you get your alcohol?	Supervised by parents or relative <input type="checkbox"/> From brothers or sisters <input type="checkbox"/> From home without parent's knowledge <input type="checkbox"/> Get it from friends <input type="checkbox"/> Buy on my own (on the street or under false pretense) <input type="checkbox"/> None
2g	What time of the day do you use alcohol?	At night <input type="checkbox"/> Afternoon (after school) <input type="checkbox"/> during school <input type="checkbox"/> In the morning or when I first awake None <input type="checkbox"/>
2h	Which of the alcohol beverages do you drink?	Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/> All <input type="checkbox"/> None Others specify
2i	How much on an average do you spend on your alcoholic beverage of choice?	Provide answer in the space provided

2j	Currently, when you drink alcohol, how much do you usually drink?	1 drink	<input type="checkbox"/>
		2 drinks	<input type="checkbox"/>
		3-4 drinks	<input type="checkbox"/>
		5-9 drinks	<input type="checkbox"/>
		10 or drinks none	<input type="checkbox"/>

REASONS FOR ALCOHOL USE

3a	Do you have any reason for drinking alcohol?	Yes <input type="checkbox"/>
		No <input type="checkbox"/>
		Not known <input type="checkbox"/>
3b	If yes to Q3a, what is the main reason?	<div>To have fun <input type="checkbox"/></div> <div>I like the feeling <input type="checkbox"/></div> <div>To relax <input type="checkbox"/></div> <div>To cope with stress <input type="checkbox"/></div> <div>To be like my friends <input type="checkbox"/></div> <div>I am bored <input type="checkbox"/></div> <div>I feel sad for myself <input type="checkbox"/></div>
3c	Why did you take your first drink?	<div>Curiosity <input type="checkbox"/></div> <div>Parents or relative offer <input type="checkbox"/></div>

		Friends encouraged me <input type="checkbox"/>
		To get away from my problems <input type="checkbox"/>
		To get drunk <input type="checkbox"/>

EFFECTS OF ALCOHOL USE

For the set of question in this section, indicate how many times this has happened to you while drinking in the last year

4a	Not able to do my homework or study for a test.	None <input type="checkbox"/>
		1-2 time <input type="checkbox"/>
		3-5 times <input type="checkbox"/>
		More than 5 times <input type="checkbox"/>
4b	Got into a fight with other people (friends, relatives, strangers)	None <input type="checkbox"/>
		1-2 time <input type="checkbox"/>
		3-5 times <input type="checkbox"/>
		More than 5 times <input type="checkbox"/>
4c	Missed out on other things because you spent too much on alcohol	None <input type="checkbox"/>
		1-2 time <input type="checkbox"/>

		3-5 times <input type="checkbox"/>
		More than 5 times <input type="checkbox"/>
4d	Went to school drunk or high	None <input type="checkbox"/>
		1-2 time <input type="checkbox"/>
		3-5 times <input type="checkbox"/>
		More than 5 times <input type="checkbox"/>
4e	Caused shame or embarrassment to someone	None <input type="checkbox"/>
		1-2 time <input type="checkbox"/>
		3-5 times <input type="checkbox"/>
		More than 5 times <input type="checkbox"/>
4f		None <input type="checkbox"/>
		1-2 times <input type="checkbox"/>

		3-5 times <input type="checkbox"/> More than 5 times <input type="checkbox"/>
4g	Shun by friends and relatives	None <input type="checkbox"/> 1-2 time <input type="checkbox"/> 3-5 times <input type="checkbox"/> More than 5 times <input type="checkbox"/>
4h	Missed a day at school	None <input type="checkbox"/> 1-2 time <input type="checkbox"/> 3-5 times <input type="checkbox"/> More than 5 times <input type="checkbox"/>
4i	Found yourself in a place that you could not remember getting there	None <input type="checkbox"/> 1-2 time <input type="checkbox"/> 3-5 times <input type="checkbox"/> More than 5 times <input type="checkbox"/>
4j	Passed out or fainted suddenly	None <input type="checkbox"/> 1-2 time <input type="checkbox"/> 3-5 times <input type="checkbox"/> More than 5 times <input type="checkbox"/>

4k	Have you ever been involved in an accident due to drinking that resulted in injury either to yourself or others?	Yes <input type="checkbox"/>
		No <input type="checkbox"/>
4l	Was told by a friend, neighbor, or relative to stop drinking	None <input type="checkbox"/> 1-2 time <input type="checkbox"/> 3-5 times <input type="checkbox"/> More than 5 times <input type="checkbox"/>

FACTORS INFLUENCING ALCOHOL USE

5a	Generally, what influences you to drink?	Peer pressure Advertisement Social media Parental/sibling influence Availability/ accessibility to alcohol none
5b	What do you think influences other adolescents to drink?	Peer pressure Advertisement Social media Parental/sibling influence Availability/ accessibility to alcohol

		none
5c	Where do you usually get information on alcoholic beverages from?	Advertisement Friends and peers Social media Other, specify None
5d	Do you have access to the mass media?	Yes No
5e	If yes to Q5d, what are your main media sources?	Television Radio Billboards Magazines Mobile phone Other, specify
5e	Does alcohol advertising encourage you to use alcohol?	Yes No
5f	If yes to Q5e what aspects of advertisements encourage you to drink?	Use of celebrities Musical

		<p>Animation</p> <p>Role models</p> <p>Other, specify</p>
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THANK YOU SO MUCH FOR YOUR TIME AND COOPERATION

APPENDIX III: BUDGET

	ACTIVITY	DESCRIPTION/JUSTIFICATION	UNIT COST (UG. SH)	NO	TOTAL COST (UG.SH)
1.	Typing and printing	Proposal will be developed to guide the study	18,500/= @ 500/= per page	04	74,000/=
	Internet and airtime	Will be required during literature review	100,000/=	1month	100,000/=
2.Data collection	Transport	Transport for researcher and 02 assistants, to and fro the 3 schools in Bushenyi.	50,000/=	03	150,000/=
	Accommodation and meals		40,000/=	10	400,000/=
	Token of appreciation to the 3 schools in Bushenyi	Appreciation will have to be given the schools for having allowed me to carry out my research activity in their schools	100,000/=	03	300,000/=
	Research assistants	Data collection	150,000/=	02	300,000/=
		Statistical analysis	250,000/=	01	250,000/=
3.Report writing	Typing and printing	Copies of the report to be made	50,000/= @ 500/= Per page	6 copies	300,000/=
	Miscellaneous		200,000/=		200,000/=
	TOTAL				2,074,000/=

APENDIX VI MAP OF UGANDA SHOWING KIRYANDONGO DISTRICT



Map Showing Borders of Kiryandongo District



Kiryandongo District

INTRODUCTORY LETTER



**KAMPALA INTERNATIONAL
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**OFFICE OF THE DEAN
FACULTY OF CLINICAL MEDICINE & DENTISTRY**

19/03/2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: OKAKA DANIEL (BMS/0022/133/DU)

The above named person is a fifth year student at Kampala International University pursuing a Bachelor of Medicine, Bachelor of Surgery (MBChB) Programme.

He wishes to conduct his student research in your community.

Topic: Prevalence and factors influencing alcohol use among secondary school students in Kiryandongo district

Supervisor: Prof. Pavweno Bamaivi

Any assistance given will be appreciated.

Yours Sincerely,

S. O. A. N.

Dr. Akib Surat
Deputy Executive Director/Assoc Dean FCM&D



"Exploring the Heights"

Assoc. Prof Ssebuufu Robinson, Dean (FCM & D) 0772 507248 email: ssebuufu@gmail.com
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*Allowed to work
with us!
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0755172571*