

IMPACT OF ALCOHOLISM ON SOCIAL ECONOMIC STATUS OF UGANDA
A CASE STUDY OF BUTANDA SUB COUNTY,
KABALE DISTRICT.

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A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF A BACHELOR'S
DEGREE IN SOCIAL WORK AND SOCIAL
ADMINISTRATION OF KAMPALA
INTERNATIONAL
UNIVERSITY

JUNE, 2014


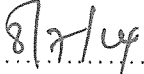
DECLARATION

I, Kemigisha Medius here by declare that this is my original work and has never been presented to any other educational institution for the award of any degree or certificate.

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

APPROVAL

This is to certify that the research report has been under my supervision and is now ready to be submitted for examination.

Signature  date..... 

MR. Achoda Dennis

DEDICATION

I dedicate this report to my lovely husband Mr. Naimuli Robert.T. who has been so caring from the beginning to the end and my children Naimuli Dickson, Tagoola Prince and Naimuli Bethel Ankunda

ACKNOWLEDGEMENT

In the preface, I would like to thank the Almighty God who has given me the life and wisdom to reach where I am today. He has made all things possible in my life and this is enough to praise his mighty name.

Acknowledgements also go to my supervisor Mr. Achoda Dennis who has given me time and guided me throughout this research process up to this time.

I also sincerely thank all my classmates especially Kyomukama Apohia, Kukunda Dorah and Nandi Hadijah who were active participants in discussions. Your contribution was fundamental to make me complete the course.

I thank all the lecturers at Kampala International University especially those who directly imparted knowledge and wisdom while in class for their time in making sure that I become the best I can be in the future. I am grateful for all that.

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ABBREVIATIONS.

WHO: World Health Organization report

HIV: Health Immune Virus

SES: Socio-Economic Status

ABSTRACT

The study was carried out to examine the impact of alcoholism on socio-economic status of Ugandans and the researcher used Butanda Sub County as the case study. The research set the objectives which she based on to draft the questionnaire. The objectives were intended to; examine the causes of alcoholism, investigate how alcohol affects on socio-economic status of Ugandans and the possible solutions to reduce the level of consumption. In chapter two, the related literature was reviewed which was inline with the objectives and researcher questions. Chapter three focused on the research design, target population, sampled population, sample size data collection, data analysis and ethical considerations. The researcher had a total population of 57 people from whom only fifty were chosen. Chapter four of this research had the presentation, interpretation and analysis of findings. The data was presented in form of tables, graphs and pie charts. The researcher followed the questionnaire from the demographic characteristics of the respondents and then the objectives of the study. As per the demographic characteristics of the respondents, majority were men compared to women. It was implied that male drink too much alcohol compared to women who were few and they have therefore, realized the impact alcoholism on their social status. The age bracket of 30-40% had majority of the respondents because they were considered to be hardworking and enjoying partying compared to those within the age bracket of 20-30 and those who were above 50 years. In reference to the researchers findings on causes of alcoholism 64% of the total respondents who were the majority seemed to be a ware of the reasons for alcoholism. Chapter five contained the summary of the findings, conclusions, recommendations and areas for further research. The researcher concluded that alcoholism exists in Butanda subcounty and the causes were known, impacts on socio-economic status and even the solutions evidenced by the researcher's findings. The researcher identified that truly alcoholism exists in the sub county and that it interferes with children's development and increase health care costs. Therefore, these factors affect the socio-economic status of Ugandans evidenced by respondents who strongly agreed and agreed. To overcome these negative effects of alcoholism, fining and arresting those who break the law had majority of the respondents who strongly agreed and agreed by 94% and imposing taxes on alcohol could reduce alcohol consumption in the sub county. It was included that the strategies and recommendations given could reduce

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presented the background, problem statement purpose, main objectives, specific objectives, questions scope, and significance of the study.

1.1 Background of the study.

According to World Health Organization report (WHO) (2004) the consumption of alcohol can have adverse social and economic effect on individual drinkers, their immediate environment and society as a whole. Individual drinkers can be affected by traffic accidents or violence. It has an impact on society in terms of resources required for criminal justice, health care and other development institutions. Alcohol relates to health of an individual (Merton and Nisbet, 1989), they found that alcohol causes effects like secondary malnutrition. “The drug does not only displace other food from the body” (Odongo, 1989), but consumers were able to derive satisfaction from interpersonal relationship. Michael (1990) revealed that alcohol had general, social and environmental consequences that result from its misuse. Kenyi (1989: 37) argued that alcoholism had an impact on the health of wives, husbands, children and many people witnessed painful conflicts.

Alcohol policy development appears to be challenge for African Countries; most policies were left behind by their former colonial masters over 40 years ago and this is true for Uganda. Problems associated with alcohol consumption and the need for policies is more urgent than ever before. There is a growing interest in alcohol related problems in different parts of the world. The recommendation is that in Africa and Uganda in particular attention needs to be focused on unrecorded alcohol. This sector needs to be brought under regulatory mechanisms of alcoholic beverages. Such mechanisms need to be sensitive to community beliefs, attitude and tradition. Legislation and regulatory measures exist in most African countries, however, laxity in enforcement of such regulatory measures is widespread 71.4% of countries do not or rarely do enforce the regulations (WHO, 2005).

A study group using gender alcohol study tools in 2005 covered four districts carefully chosen to provide a snapshot of the entire country on issues concerning alcohol, gender and culture. Drinking was found to be very central to the economy and social life of the family and community; men consumed alcohol more heavily and frequently compared to women. Males were more likely to be long-time drinkers than females while males were less likely to be abstainers compared to women Klaus. Makela and Matti, Viikari, (1997). However, the difference by gender in alcohol-drinking behaviour changes pattern among new drinkers. Among the middle-aged (30-44 years) and the older (45+ years), males are more likely to drink for a longer time compared to women.

According to Brunel and baddy (2007) undermining the environment necessary for the care of children in homes. Alcohol has escalated child abuse, domestic violence and hygiene-related problems in homes. Reports indicate that many households face problems of compromised health and nutrition care because husbands spend the meagre household income on alcohol, leading to the collapse of household's economic security. Reports also indicate that men start drinking alcohol in bars as early as 8:00am and rarely contribute to the family economy. Alcohol has also been blamed for the increasing cases of extra-marital affairs which lead to domestic violence. This adversely affects nurturing and character formation among children and youth. Parents should, therefore, take the responsibility of setting a good example for their children by addressing the alcohol problem at household level by providing children with necessary information about dangers of alcohol abuse Kasirve. R. (2000).

Recent developments indicate an increasing trend in alcohol consumption. WHO ranked Uganda the leading consumer of alcohol in the world. Per Capita alcohol consumption in Uganda was 19.5 litres, closely followed by Luxembourg at 17.54 litres and the Czech Republic at 16.21 litres (WHO, 2005). Alcohol ranks high (3rd position) in generating domestic revenue in Butanda subcounty Kabale district. About 10% of revenue comes from alcohol and this has been reportedly to be steadily increasing since it is rooted in a very strong culture of alcohol acceptance. The lack of a clear national alcohol policy coupled with weak and poorly enforced laws provides fertile ground for increasing the availability and accessibility of alcohol in Butanda Sub County Matsiko Charles W (2001). A number of studies show that some students

regularly use drugs or alcohol to compensate for anxiety, depression, or poor social skills. The largest increase in consumption for both sexes has been among those aged below 25 years of age (Eastman 1984). The number of male students who take alcohol at higher institutions of learning is more than that of girls. In addition, university girls seem to prefer bottled beers while the male students go for both the bottled beers and spirits sold in sachets, the latter being favoured because it's cheap and very potent.

1.2 The statement of the problem

Despite the scarcity of comprehensive data on alcohol use and problems in Uganda, there is evidence to suggest that alcohol use is widespread in the country. Consumption of alcohol as such is not problematic. Of great concern, however, is the evidence that suggests that large numbers of Ugandans do not use alcohol in a responsible way. In Kabale district Butanda Sub County, the most consumed type of alcohol identified were Waragi, Muramba and beer. This has been due to lack of effective laws together with social, cultural and economic factors, lack of a clear alcohol policy and consideration of alcohol as a major source of income. As a result problems associated with alcohol consumption such as failure of the victims from taking appropriate roles and functions in development, Harm to one's finances, poor health and loss of relationships were the common consequences of alcohol consumers. This prompted the researcher to conduct research on influence of alcoholism on social economic status of Ugandans so as to device appropriate mechanisms are put in place to address the negative effects.

1.3 Purpose

The purpose of this study was to examine the impact of alcoholism on social economic status of Ugandans a case study of Butanda Subcounty Kabale district.

1.4 Objectives

The study was guided by the following objectives

To examine the causes of alcoholism

To investigate how alcohol affects on socio-economic status of Ugandans.

To suggest the possible solutions to reduce the level of consumption.

1.5 Research questions

The study sought to provide answers to the following research questions.

What are the causes of alcoholism?

How alcohol consumption does affect the social economic status of Ugandans?

What are possible solutions that can be suggested to reduce the level of alcohol consumption?

1.6 Scope

1.6.1 Geographical Scope

The study was carried out in Kinyamari Parish- Butanda Sub County, Kabale District due to the fact that it has high rate of alcohol consumption of which it is inline with the researcher's interests.

1.6.2 Subject Scope

The study was to investigate on influence of alcoholism on social economic status of Ugandans. The research based on the causes of alcoholism, ways in which alcoholism affect the social-economic status of Ugandans and the strategies to reduce on the level of alcohol consumption.

1.5.3 Time Scope

The study was carried out for a period between January and May 2014; therefore, the study was carried out for a period of 2 months.

1.7 Significance

The study benefited the people within the sub-county and others in the district. It was hoped that the findings of the study provided insights towards alcoholism.

The findings again provided proper understanding of the causes of alcoholism not only in Butanda Subcounty but also in all urban areas. This therefore helped to seal with the problems from the grass root rather than providing irrelevant mitigations.

The study was significant to non-governmental organizations and community based organizations that are involved in protecting families. These organizations were able to design,

implement and engage locals in poverty eradication programs and formulating policies that prohibit people from consuming a lot of alcohol.

The study contributed to the existing scanty literature on alcoholism. This enabled academicians to use the findings as a point of reference in their future studies.

The study was further significant to researchers because it identified literature gaps that future researchers addressed.

The research contributed to an academic award; it was upon the submission of this research report that the researcher attained a bachelors of Social Work and Social Administration of Kampala International University.

1.8 Operational definitions of key variables

Alcoholism is a chronic disease, progressive and often fatal; it is a primary disorder and not a symptom of other diseases or emotional problems. The chemistry of alcohol allows it to affect nearly every type of cell in the body, including those in the central nervous system. In the brain, alcohol interacts with centers responsible for pleasure and other desirable sensations. After prolonged exposure to alcohol, the brain adapts to the changes alcohol makes and becomes dependent on it. For people with alcoholism, drinking becomes the primary medium through which they can deal with people, work, and life. Alcohol dominates their thinking, emotions, and actions. The severity of this disease is influenced by factors such as genetics, psychology, culture, and response to physical pain.

The term "alcoholism" refers to a disease known as alcohol dependence syndrome, the most severe stage of a group of drinking problems which begins with over drinking and alcohol abuse. Alcoholism tends to run in families and a vast amount of scientific research indicates that genetics play a role in developing alcohol problems Mwangi (2000). But research also shows that a person's environment and peer influences also impact the risk of becoming alcohol dependent.

Socioeconomic status is defined as the relative position of a family or individual in a social structure, based on their access to scarce and valued resources such as education, wealth and prestige (adapted from Western 1983). The socio-economic status of a company declines due to alcoholism that leads to poor planning.

Socioeconomic status refers to as a finely graded hierarchy of social positions which can be used to describe a person's overall social position or standing. It can be indicated by a number of (sub) concepts such as employment status, occupational status, educational attainment and income and wealth (Graetz 1995a). That is, socioeconomic status is usually understood as a multi-dimensional concept.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

Alcohol use in Uganda is quite often regarded as a social requirement. Alcohol is a central part of social and cultural events such as death, birth, and marriage and circumcision ceremonies. Alcoholic beverages are widely consumed by all people; male and female, young and old. Alcohol has however been associated with increased risks for HIV infection particularly among young people. A study in the United States (Gary 2002) found that young adults who use alcohol are seven times more likely than non-drinkers to have sex, while illicit substance users are five times more likely.

This chapter provides a review of relevant literature. The literature review points out areas like alcoholism and community development, alcohol and family, alcohol and crime, alcohol and education, alcohol and health.

2.1 Causes of alcoholism.

There were no significant differences for the reasons of alcohol consumption among young people and adults. Like the younger people, adults mainly drank for social and therapeutic purposes. Peer pressure, idleness resulting from unemployment, the need to display masculinity, stress, the need for stimulation and courage.

Today, alcohol is a major source of income for households in Uganda. Brewing and distilling of alcohol is also an accepted economic activity by the general population. In a study carried out in districts of Kabarole, Tororo and Gulu, It was found that drinking is central to the economy and social life of the family and community (Topouzis D 1994). Nearly all alcohol is home-made and is a substantial source of cash income for many households. The money raised caters for school fees and day-to-day home expenses. Poverty and lack of income generating activities for women are the principal reasons for alcohol production. Such locally-produced beverages include beers with alcoholic content ranging from 10-20% and spirits whose alcohol content ranges from 30-70 and which also contain other toxic impurities (Tumwesigye and Kasirye 2004). Locally-

produced alcohol is inexpensive to manufacture. As such, local and home-made brews are cheaper than factory-made beverages. Therefore factory-made beer is mainly consumed in the urban areas by people who can afford the higher price, while the locally produced and home-made brews predominate in rural areas, although they are also consumed in urban areas by low-income earners (Tumwesigye and Kasirye 2004).

There is lack of a clear alcohol policy. The commercial sale of traditionally produced spirits is regulated by the Liquor-licensing Act of 1964 which forbids the sale and consumption of crude waragi (local potent). The Act forbids unlicensed Enguli manufacturing and distilling. Any one selling or consuming crude waragi is committing an offence. This law is outdated, weak and rarely, if ever, enforced. Most households produce some alcohol, at least intermittently for home consumption. Legal enforcement of laws against alcohol production is weak, in part because police and Local Councils are sometimes among the brewers or alcohol customers (Barton T & Wamai G 1994). There is no law to regulate alcohol producers from unfair advertisement. A lot of advertising revenue in the media, both electronic and print, and support to sports is mainly from advertisements from the breweries. Consumption of factory beer is mainly from urban dwellers and brand switching is limited by factors that include price, benefits of alcohol content, friends, other entertainment including hosting local and outside musicians, family members, income bracket, past experience and advertising (Kasirye 2004).

Lack of effective laws together with social, cultural and economic factors has created a fertile environment for alcohol abuse. Alcohol is also known to be the commonest substance of addiction used by the population. It is estimated that alcohol abuse causes suffering to at least 70% of the population either directly or indirectly (Kigozi 1997).

Gender: Gender can play a role. Men are more likely to develop alcoholism (this is not to say, however, that there are not alcoholic women, there are). This is hardly surprising. In many cultures men drink more than women, much more. It is a part of their daily lives. After work, while socializing, to relax, to celebrate, to forget. The more a person drinks the more likely he is to develop alcoholism (Hingson .R Berson 2009)

There are other various influences that lead people into drinking alcohol. According to respondents, these include the environment in which children are nurtured, peer pressures, social events, and inadequate parental controls. The home environment in which the child is raised was named as having an influence on their alcohol use behaviour later in life. Children who grow up in homes where alcohol is brewed and sold will most likely use it when they are grown. Parents have a major role in influencing alcohol use among their children. Children whose parents used and abused alcohol were also likely to copy this behaviour when they grew up. The media was a major influence on alcohol use among young people. Social events and celebrations such as weddings and funerals where alcohol is likely to be served provide young people with an opportunity to access alcohol. Alcohol plays a central role in social celebrations. It features prominently at marriage ceremonies, funeral and graduation parties.

Genetics: Research over the past few years has pointed to the fact that people are more likely to develop alcoholism whose parents have or have had a drinking problem. Studies carried out all over the world now support that alcoholism and genetics go hand in hand. Hereditary alcoholism is a real danger among those with an alcoholic family member.(Homel.R. Tomsen 2002).

Social: Alcohol is everywhere. Our society drips with the stuff. It is legal and socially acceptable and, sometimes, socially required (try refusing a drink in some situations and people will think your subnormal). The pressure to drink can be huge. Being around heavy drinkers as a child can also increase the chances of developing dependence.(Holder,H.D and wegner 2002)

Personality_type: People with certain personality traits are said to be more likely to drink alcoholically. There is such a thing as an personality. An alcoholic personality displays such traits as perfectionism, (Georgia and Harrison 2004) an inability to cope with frustration, emotional immaturity and competitive in nature. Alcohol dependents are more likely to have problems communicating, feel socially inferior, a guilt complex, low self-esteem and depressive tendencies

Environmental: As genes play a role in alcoholism so does your environment. Growing up in a society/family/neighborhood where alcohol is everywhere is, of course, going to make it more

likely that you will develop alcoholism. For example, a son with a drinking father is more likely to be a drinker regardless of genes, he becomes what he sees. He 'learns' to drink. Living with an alcoholic is a high risk factor. (Hoadley, J.F., Fuchs, B.C. and Holder, H.D 2003)

Age: Studies show that the younger you start drinking the more likely you are to develop dependency. If you start experimenting with alcohol as a teenager then you increase your chances of problems later in life. The causes of teenage drinking and the causes of teenage alcoholism are slightly different from those highlighted above. They are looked at separately on this site. (John wiley 2001)

Alcohol consumption and sleep improvements

Low doses of alcohol (one 360 ml (13 imp fl oz; 12 US fl oz) beer) appear to increase total sleep time and reduce awakening during the night. The sleep-promoting benefits of alcohol dissipate at moderate and higher doses of alcohol. Previous experience with alcohol also influences the extent to which alcohol positively or negatively affects sleep. Under free-choice conditions, in which subjects chose between drinking alcohol or water, inexperienced drinkers were sedated while experienced drinkers were stimulated following alcohol consumption. In moderate doses of alcohol improve sleep maintenance.

Alcohol consumption and fatigue

Conditions of sleep deprivation correlate positively with increased alcohol consumption. In Northern climates, increased alcohol consumption during the winter is attributed to escalations in fatigue. This makes victims of alcohol lazy and their productivity is less affected.

2.2 Effects of alcoholism on socio-economic status.

Socioeconomic status (SES) is strongly related to health status, and has a discernible impact on almost all health outcomes (Adler and Ostrove, 1999; Lundberg, Johannesson, Isacson, and Borgquist, 1999; Mackenbach and Kunst, 1997). More recent research documents that the effect of SES on health status is mediated by health behaviors (Kim, Symons, and Popkin, 2004). However, associations between SES and health behaviors have rarely been examined (Hao et al., 2004; Laaksonen, Prattala, Helasoja, Uutela, and Lahelma, 2003; Lynch, Kaplan, and

Salonen, 1997; Zhang, Wang, Lu, Qiu, Fang, 2004). SES is a multidimensional construct. Educational attainment, occupation, and income are the most commonly employed indicators of SES in studies of health behaviors (Laaksonen, Prattala, Helasoja, Uutela, and Lahelma, 2003). Although interrelated (Smith and Kington, 1997), these three indicators capture different aspects of SES (Liberatos, Leak, and Kelsey, 1988; Laaksonen, Prattala, Helasoja, Uutela, and Lahelma, 2003; Neumark, Rahav, and Jaffe, 2003) and, in so doing, may follow different pathways in impacting those behaviors. Thus, there are limitations in examining health behaviors using only one or two SES indicators. A more comprehensive measure of SES is needed.

The economic effects of alcohol abuse are as damaging to the nation as the health effects, affecting the family, the community, and persons of all ages. Underaged drinking is interfering with children's development, affecting the nation's ability to respond to economic challenge in the future. The college aged may be the most difficult to educate about alcohol abuse because of drinking patterns established at an early age and susceptibility to advertising inducements. Health care costs for families with an alcoholic member are twice those for families without one, and up to half of all emergency room admissions are alcohol related. (Lysons and Lynar 2009)

Fetal alcohol syndrome is one of the top three known causes of birth defects, and is totally preventable. Alcohol abuse and alcoholism are estimated to have cost the nation \$117 billion in 1983, while nonalcoholic drug abuse that year cost \$60 billion. Costs of alcohol abuse are expected to be \$136 billion a year by 1990, mostly from lost productivity and employment. Between 6 and 7 million workers are alcoholic, with an undetermined loss of productivity, profits, and competitiveness of American business. Alcohol abuse contributes to the high health care costs of the elderly beneficiaries of Federal health financing programs. Heavily affected minorities include blacks, Hispanics, and Native Americans. (Hingson et al., 1997).

According to Prev Med (2001), heavy drinking at work may reduce productivity. In Latvia, 10% of productivity losses are attributed to alcohol. Performance at work may be affected both by the volume and pattern of drinking. Co-workers perceive that heavy drinkers have lower performance, problems in personal relationships and lack of self-direction, though drinkers themselves do not necessarily perceive effects on their work performance.

Society tends to treat the medical and social consequences of alcohol abuse, rather than its causes. Although our experience with the consequences of alcohol abuse is greater than that for any other drug, public concern for its prevention and treatment is less than for other major illnesses or abuse of other drugs.(Moskowitz et al., 1985).

Alcohol consumption is linked to many harmful consequences for the individual drinker, the drinker's immediate environment and society as a whole in Uganda. Such consequences include family problems such as child abuse, time away from home as drinking often happens outside the home, broken homes, and marital problems or divorce. Alcohol dependents are more frequently divorced or separated than others .Moskowitz and Burns, 1990

Harmful use of alcohol is the third leading contributor to disease burden in developed countries, the first for men in developing countries in which mortality rates are low, and eleventh in developing countries with high mortality rates. Neuropsychiatric disorders, mainly from alcohol use and including alcohol dependence, account for more than a third (34%) of the burden of disease and disability attributable to alcohol, followed by unintentional injuries like road traffic crashes, burns, drowning and falls (altogether 26%), intentional injuries including suicide (11%), cirrhosis of the liver (10%), cardiovascular disease (10%), and cancer (9%). When only alcohol-related deaths are considered, unintentional injuries (25%), cardiovascular diseases (22%) and cancer (20%) are the three biggest categories.

Samokhvalov AV et al. (2010) argues that the harmful use of alcohol is a particularly grave threat to men. It is the leading risk factor for death in males ages 15–59, mainly due to injuries, violence and cardiovascular diseases. Globally, 6.2% of all male deaths are attributable to alcohol, compared to 1.1% of female deaths. Men also have far greater rates of total burden attributed to alcohol than women – 7.4% for men compared to 1.4% for women. Men outnumber women four to one in weekly episodes of heavy drinking – most probably the reason for their higher death and disability rates Room R et al. (2002). Men also have much lower rates of abstinence compared to women. Lower socioeconomic status and educational levels result in a greater risk of alcohol-related death, disease and injury – a social determinant that is greater for men than women.

Increased interpersonal violence when under the influence of alcohol has been documented in many studies. In a study conducted in Rakai district in between 2000-2001, 52% of women who reported domestic violence reported that their partners had consumed alcohol before the incident. Women whose partners frequently or always consumed alcohol before sex faced risks of domestic violence almost 5 times higher than those whose partners never drank before sex. In a separate study conducted in Rakai district, 4279 reproductive-aged women were surveyed in 1998-99 to understand the prevalence and associated risk factors to coercive sex. Results showed that alcohol consumption before sex by male partner was strongly and positively related to risk of coercive sex. Similar studies conducted in Mbale district in 2003 revealed an association between alcohol consumption and intimate partner violence. 5% of 457 women surveyed attributed intimate partner violence to alcohol. Yet in focus group discussions, alcohol consumption, mainly by men but also by women, was stated as an important reason for intimate partner violence. Quarreling in public, lawbreaking, work-place related problems and pressure from others to cut down on alcohol consumption have also been cited as negative outcomes of alcohol abuse.

Despite the fact that alcohol production is an important economic activity for many in Uganda, there are many economic consequences related to alcohol abuse. Lower productivity and absenteeism from work are common consequences. Personal financial difficulties were the most common reported consequences in the GENACIS study. Unemployment and poverty have also been cited as both consequences and potential causes. (Lemmens, 1995; Saunders, 1989)

2.3 Solutions to reduce the level alcoholism.

Parallel search for effective strategies to reduce alcohol-related problems is occurring in communities and states throughout the nation. A recurring discussion revolves around the types of approaches that are most effective in reducing alcohol use and its related problems. Traditional approaches have focused on individuals—providing interventions or treatment to individuals who are at highest risk of alcohol-related problems, educating youth to resist peer pressure or fining and arresting those who break the law. These individually based approaches may be complemented by changing the broader environment, increasing the likelihood of long-

term reductions in alcohol use and related problems (Bangert-Drowns, 1988; Moskowitz, 1989; Perry and Kelder, 1992; Rundall and Bruvold, 1988; Tobler, 1992). Individual drinking behavior is influenced by a myriad of environmental factors, such as messages in the media, community norms and attitudes, public and institutional policies and practices and economic factors (Wagenaar and Perry, 1994). Reductions in alcohol use and related problems may be achieved by changing such environmental factors (Edwards, 1994; National Institute on Alcohol Abuse and Alcoholism, 1997; Toomey et al., 1993).

According to Elder RA, Nichols JL, (2005); government should create environments in which the opportunities to drink are fewer and the temptations are weaker. When environmental strategies are used, alcohol is made less available to young people, alcohol is promoted in ways that are less likely to be seen by young people, and the consequences of illegal sales and use are made clear and compelling. These strategies should focus on changing social environments regarding alcohol have been shown to be highly effective. These strategies change the availability of alcohol in States and communities and influence the ways in which alcohol is promoted. Changing social environments can augment the enforcement of laws concerning alcohol. Using these strategies can empower States and communities to take charge of their own environments and help them to provide a healthier setting for their residents.

Individually based strategies such as early intervention or treatment programs are designed to target individuals at highest risk—that segment of the population who are clinically identifiable as dependent on alcohol or those approaching dependence. A focus on treatment, however, is unlikely to achieve sizable, sustained reductions in alcohol-related problems at a population level because the majority of alcohol-related deaths, disability and damage is attributable to moderate drinkers who engage in occasional risky drinking, not those who are dependent on alcohol (Kreitman, 1986;). Risk is not a dichotomy, such that some drinkers are "high risk" and others are "safe." Instead, risk is a continuum. Drinking patterns in the general population are often not reflective of addictive psychopathological behavior, but rather are the results of social policies, institutional structures and social norms concerning alcohol in our society (National Institute on Alcohol Abuse and Alcoholism, 1997).

One promising individually based approach—social norms interventions—attempts to influence drinking behavior of a broad segment of the population by confronting misperceptions about normative drinking levels and attitudes toward alcohol use (Haines, 1996; Haines and Spear, 1996). Many individuals, particularly on college campuses, overestimate levels of alcohol consumption and permissiveness toward alcohol use among their peers. Awareness campaigns are used to adjust these misperceptions and to create awareness of true consumption rates and attitudes toward alcohol use. One problem with this type of approach by itself, however, may be that actual consumption rates on college campuses are unacceptably high, just not as high as perceived by many students. Social norms interventions, along with individually focused approaches, may be enhanced by combining them with environmental strategies that are effective in lowering consumption rates on campus. As environmental strategies are implemented, awareness campaigns could be used to make students aware of the changing drinking behaviors and norms on campus.

Researchers and practitioners have begun to identify numerous environmental strategies to reduce alcohol-related problems (Wagenaar, 1999). The social environment that facilitates or encourages risky drinking practices is substantially shaped by public and institutional policies that can be changed to create healthier and safer communities. Wide arrays of alcohol policies have been identified (Toomey and Wagenaar, 1999). Research has shown that changes in many of these policies, by reducing the availability of alcohol, decrease alcohol consumption and related problems (Edwards, 1994; National Institute on Alcohol Abuse and Alcoholism, 1997; Toomey et al., 1993).

Leaders need to work with a variety of other community leaders to change the broader environment, in which their students live, work and play (IOM 2004). In this article, we identify strategies that can be implemented directly by college leaders on their campuses as well as community and statewide strategies that campus leaders can work toward in collaboration with others.

Communities Mobilizing for Change, sought to reduce alcohol sales and availability through non-commercial sources to people below the legal drinking age. Compliance checks monitored the proportion of underage purchase attempts resulting in alcohol sales, and written feedback

informed merchants of potential penalties for continued sale Preusser et al., (1995); Bar and restaurant alcohol sales to youth and the proportion of youth seeking to buy alcohol declined by 25%, and the proportion of older teens providing alcohol to younger teens declined by 17%. Drinking by people under 21 declined significantly as did driving after drinking and disorderly conduct violations.

Expanding substance abuse treatment services may also reduce alcohol related traffic crashes. According to national survey data, 70% of adults who reported driving in an alcohol related traffic crash in the past year met criteria for alcohol dependence Harrison et al., (2000); Evaluations of brief motivational treatment interventions targeting emergency department and trauma center patients with alcohol related injuries have noted decreases in self-reported driving after drinking and driving under the influence violations. A review of screening and brief interventions in primary care settings also reported reductions in drinking and, in some studies, a reduction in injuries. Systematic reviews of treatment of those with alcohol use disorders or drunk driving convictions found motor vehicle crashes and injury reductions associated with treatment. However, the population level impact of these interventions has not been tested.

Enforcement of laws against selling alcohol should be the cornerstone of any underage drinking prevention effort. Even though young people obtain alcohol from a variety of sources, no other reductions in access can be fully effective if underage purchases are easy. Not only does enforcement reduce sales to minors, but it also reduces underage drinking and heavy drinking (Dent, Grube, and Biglan, 2005).

Recognizing that a comprehensive ban on advertising, promotion and sponsorship would reduce the harm done by alcohol, and that self-regulation is an ineffective mechanism to reduce the harm done by alcohol, effective legislative, executive, administrative and other measures necessary to strictly regulate advertising, promotion and sponsorship of alcohol products through statutory controls should be introduced both within and across borders (Peter 2005).

According to (Decker and Kohfeld, 1990;) regulating availability of alcoholic beverages through restricted hours of sale and reducing the demand for alcohol through taxation and pricing are two of the most cost- effective strategies for Uganda and communities to reduce or prevent alcohol-

related harm. Among the most successful targeted interventions are deterrencebased policies directed at drink- driving and violence in places where alcohol is drunk. The imposition of blood alcohol concentration limits for drivers, strongly enforced through highly visible sobriety checkpoints and random breath-testing by police, can have a sustained effect on drink-driving and reduce the associated accidents, injuries and deaths. Improved management practices within drinking venues can reduce levels of violence.

According to Grogger, 1991; Grosvenor et al., 1999; Ross, 1984, 1992 community- based actions and risk reduction measures that focus on the drinking context are among the strategies and interventions that need to be further explored and tested. Community actions to deal with alcohol- related problems are of particular importance in settings where consumption of alcohol produced informally or illegally is high, where social consequences like public drunkenness, maltreatment of children, violence against intimate partners and sexual violence are c

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter explained and described how the research was carried out. It focused on the research design, target population, sampled population, sample size data collection, data analysis and ethical considerations.

3.1 Research design

A cross sectional study design was used where both the quantitative and qualitative data was used to ascertain the impact of alcoholism on socio-economic status of Ugandans. The advantage of this was that, it was seen to be more accurate in terms of data collection and yet again more reliable in terms of research results.

3.2 Research population

A population can be defined as a complete collection of all elements (units) that are of interest to the researcher Lewis, A. (2007). This research study involved local officials, sub county chief, political leaders, public servants, who are above the age of 18 years and have knowledge about alcohol consumption in Butanda sub county, Kinyamari Parish. The research population was a total of 57 respondents.

3.2.1 Sample size

The sample population of 50 respondents was chosen as the sample to be used in this study. These were chosen by the researcher because they could easily be met by the researcher in her convenient time in order to obtain the required information from them.

3.3.2 Sample Procedure

The researcher used the simple random sampling technique to select local officials, political leaders and public servants of Kabale district Butanda subcounty Kinyamari parish as the participants for the study. This technique was used because it reduces chances of a researcher being biased when choosing the participants. This sampling procedure ensures that each member of the target population has an equal and independent chance of being included in the sample.

3.4 Data collection methods

The researcher obtained data from the field using the following important instruments:

3.4. 1 Questionnaires

Here, self-administered questionnaires were employed containing both open-ended and close-ended question. The open-ended questions enabled respondents to contribute their views and suggestions, while the close-ended questions allowed respondents to respond to common responses.

3.4.2 Interviews

Here the researcher conducted face-to-face interactions made conversations between the interviewee and her self with the sole aim of soliciting data. This enabled the researcher to get more information in greater depth, reduced resistance and also obtained personal information from the respondents. The advantage of this method was that it helped to further clarify certain information that was in the questionnaire. Again, the interview was employed to cross check certain information from the respondents.

3.5 Data analysis

Several methods were employed in analyzing the raw data from the field. These included editing, coding, classification, tabulation, and data analysis. These were done after data collection to make it meaningful.

3.6 Validity and reliability of the instruments.

To establish the validity of the instruments, the researcher administered a questionnaire to the various officials; computations were done by the use of computer program. This is for the case of questionnaire research instrument. The data were analyzed and fed accordingly.

3.7 Limitations of the study.

Failure of respondents to return questionnaires in time was the major challenge the researcher encountered in the field. This was when respondents were going with the questionnaires due to limited time to fill them. However, the researcher distributed them herself and immediately collected them after filling.

It was not easy to locate the respondents the fact that these respondents were widely spread and conducted their activities from different places this hindered data collection. The researcher however designed a structured questionnaire that enabled respondents to fill in their free time.

Some respondents feared to reveal some information about alcoholism thinking that the information was to leak. To solve this, the researcher assured them that the information could not leak and the research was purely for academic purpose.

3.8 Ethical Considerations

The researcher protected respondents by keeping the information given confidential and where there was a need to reveal, consent was first obtained.

The questionnaires did not include the names of the respondents for issue of privacy and secrecy.

After the collection of data questionnaires were destroyed so that collected information couldn't leak.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND ANALYSIS OF FINDINGS

4.0 Introduction.

This chapter comprises of the findings that were gathered by the researcher from the people of Butanda Sub county in relation to the topic (*“Impact of alcoholism on social economic status of Uganda”.*)

The data is presented and interpreted in view of the objectives mentioned in chapter one of this research. The interpretation also seeks to answer the research questions that were raised in chapter one.

Presentation and interpretation of data in this chapter has been done with the aid of quantitative and qualitative methods for example the use of tables, graphs, percentages and personal analysis and interpretation presented in essay form.

Questionnaires were provided to 50 respondents who filled them to the best of their knowledge.

4.1 Demographic characteristics

Table I: Showing Gender respondents

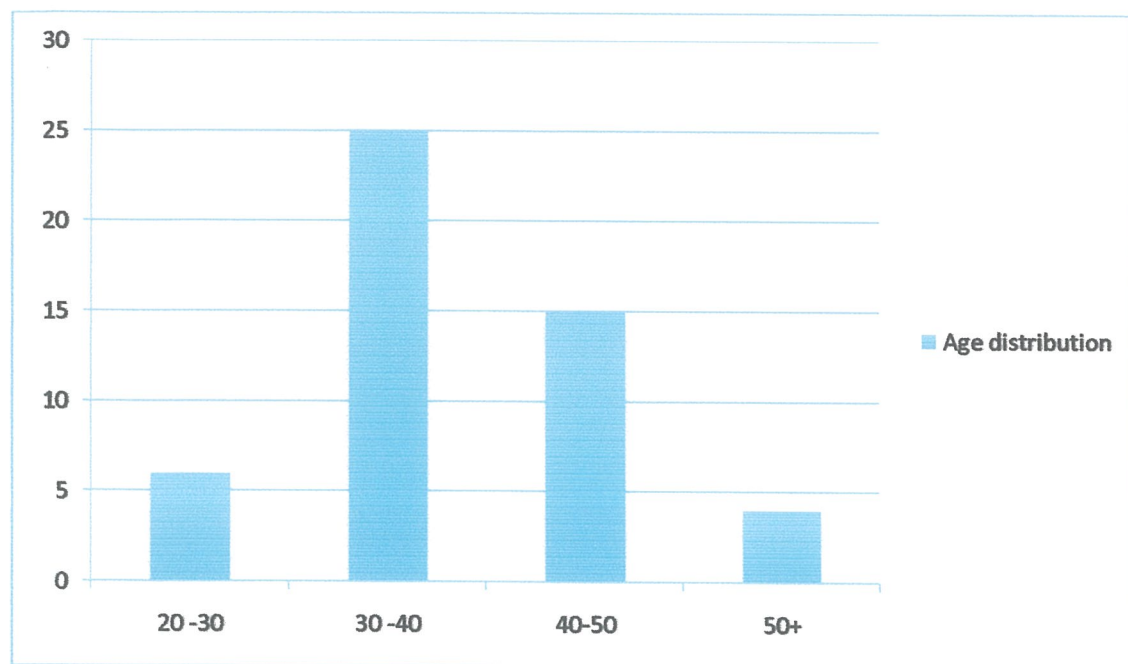
Respondents	Frequency	Percentage
Male	35	64
Female	15	36
Total	50	100

Source: Primary Data, June, 2014

From the table above, it can be seen that the majority of respondents were male that is 35 respondents representing 70% of the total respondents and 15 respondents were female representing 30% of the total respondents.

This implied that male drink too much alcohol compared to women who were few and they have therefore, realized the impact alcoholism on their social status.

Figure I: The bar graph showing age distribution of respondents



Source: Primary Data, June, 2014

From the figure above, it can be seen that the majority of the respondents are aged between 30-40 years representing 50%, followed by 40 -50 years representing 30%, 20 -30 represented by 12% and above 50+ represented by 8%.

From the above analysis, it can be construed that the majority of the respondents from Butanda Sub county were young people and therefore they have an active memory hence the information obtained from them can be trusted and looked at as true and good representation of the information the researcher was looking for and the fact that the drinking habit is developed when people are still young. The age bracket of 50 and above had very few respondents because they have little knowledge about the causes of alcoholism and the related effects and also the fact that few can easily be accessed to be interviewed.

The age bracket of 30-40% had majority of the respondents because they are hardworking and enjoy partying compared to those within the age bracket of 20-30 and those who were above 50 years.

Table II: Showing academic qualifications of the respondents

Academic qualifications	Frequency	Percentage
O level	8	16
A level	10	20
Diploma	15	30
Degree	12	24
Others	5	10
Total	50	100

Source: Primary Data, June, 2014

From the above table, it is seen that the majority of the respondents of Butanda sub county were diploma holders that is 15 respondents representing 30% of the total respondents, followed by those who were degree holders that is 12 respondents representing 24% of the total respondents, followed by respondents were holding 'A' level certificates that is 10 respondents representing 20% of the total respondents, followed by respondents were having 'O' level certificate that is 8 respondents representing 16% of the total respondents and respondents with other education levels were represented by 5 respondents representing 10% of the total respondents.

This implies that the respondents were educated and had knowledge about the impact of alcoholism on socio-economic status. There fore the information generated can be relied upon.

4.2. Causes of alcoholism

The first objective was to examine the causes of alcoholism and the researcher asked respondents about the reasons for alcoholism in Butanda Sub County. The results were expressed in the table as showed below.

Table III: Showing the reasons for alcoholism.

Responses	Frequency	Percentage
Yes	32	64
No	8	16
Not sure	10	20
Total	50	100

Source: Primary Data, June, 2014

From the table above, majority of the respondents agreed that they were a ware of the reasons for alcoholism that 32 respondents representing 64% of the total respondents and 8 respondents disagreed representing 16% of the total respondents and 20% of the total respondents were not sure.

Table IV: Showing the causes of causes of alcoholism in Butanda Sub County.

Causes of alcoholism	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Total	
	F	%	F	%	F	%	f	%	f	%	F	%
Peer pressure	30	60	10	20	4	8	5	10	1	2	50	100
Environment in which children are nurtured	40	80	4	8	4	8	0	0	2	4	50	100
Idleness resulting from unemployment	32	62	9	18	2	4	4	8	3	6	50	100
Stress	25	50	14	28	5	10	4	8	2	4	50	100
Need for stimulation and courage	29	58	14	28	2	4	3	15	5	10	50	100
High work load	20	40	13	26	3	6	9	18	5	10	50	100

Inadequate parental controls	20	40	15	30	5	10	5	10	5	10	50	100
Social events and celebrations	15	30	25	50	3	6	5	10	2	4	50	100

Source: Primary Data, June, 2014

In line with the causes of alcoholism, peer pressure had 60% of the respondents who strongly agreed, 20% agreed, 8% disagreed, 10% respondents were not sure and 2% strongly disagreed. 80% of the total respondents strongly agreed with environment in which children are nurtured 8% agreed, 8% disagreed, none of the respondents strongly disagreed and 4% were not sure.

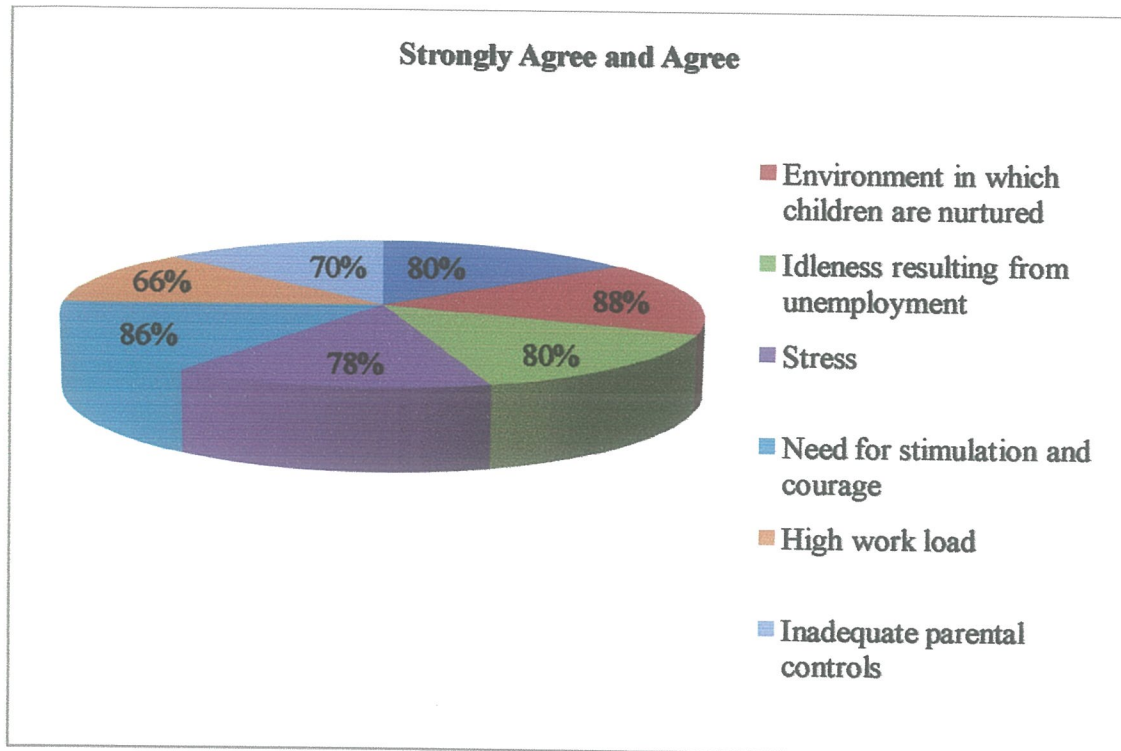
Idleness resulting from unemployment had 60% of the respondents who strongly agreed, 18% agreed, 4% disagreed, 8% of the respondents were not sure and 6% strongly disagreed. 50% of the respondents strongly agreed with stress, 28% agreed, 10% disagreed and 4% of the respondents were not sure and none strongly disagreed.

Need for stimulation and courage had 58% of the respondents strongly agreed, 28% agreed, 4% were not sure, 15% disagreed and 10% of the respondents strongly disagreed.

High work load Inadequate parental controls had 40% of the respondents who strongly agreed, 26% agreed 6% were not sure 18% disagreed and 10% strongly disagreed. 30% of the respondents agreed in respect with social events and celebrations 50% agreed, 6% of the respondents were not sure, 10% disagreed and 4% strongly disagreed.

From the information, majority of the respondents strongly agreed that the environment in which children are nurtured increase the desire to drink or do a way with alcohol. This was because majority of the people who were found to be alcoholic were located in alcohol brewery places. Children are brought in an environment where alcohol is used as a norm, start drinking when they are very young because they learn from their parents or guardians. The respondents who disagreed and strongly disagreed were few compared to those who strongly agreed and agreed because people have knowledge about the reasons of alcoholism.

Figure II: Showing the respondents who strongly agreed and agreed to the causes of alcoholism.



Source: Primary Data, June, 2014

From the chart above, 88% of the respondents strongly agreed and agreed to environment in which children are nurtured. This is where majority of the respondents strongly agreed and agreed, followed by respondents who strongly agreed and agreed with need for stimulation and courage b 86% of the total respondents who strongly agreed and agreed, followed by respondents who strongly agreed and a greed with idleness resulting from unemployment by 80%, followed by 78% who strongly agreed and agreed in support of stress, followed by 70% and finally followed by 66% of the total respondents who strongly agreed and agreed in support of high work load.

4.3 Effects of alcoholism on the social economic status of people of Butanda Subcounty.

The respondents were asked about the impacts of alcoholism on socio-economic status of Ugandans and the results were expressed by the table as shown below.

Table V: Showing the effects of alcoholism on socio-economic status of Ugandans.

Effects of alcoholism on socio-economic status of Ugandans	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Interferes with children's development	37	74	3	6	4	8	1	2	5	10	50	100
Increase of health care costs	30	60	7	14	2	4	8	16	3	6	50	100
Causes birth defects	20	40	10	20	5	10	7	14	8	16	50	100
Broken homes	18	36	12	24	10	20	4	8	6	12	50	100
Increases traffic crashes	25	50	4	8	0	0	5	10	16	32	50	100
Lower productivity	29	58	10	20	6	12	0	0	5	10	50	100
High level of absenteeism	21	42	9	18	6	12	4	8	10	20	50	100

Source: Primary Data, June, 2014

From the table above, 74% strongly agreed that alcoholism interferes with children's development 6% agreeing as well, while 8% respondents were recorded for not being sure, 2%

disagreed and 10% strongly in disagreed. This was where majority of the respondents strongly agreed and the reason behind this was that alcoholism denies children the parental love and care they would have enjoyed. Majority of the children whose parents are drunkards stay hungry due to poverty and lack of food and this interferes with their development.

Increase of health care costs had 60% of the total respondents who strongly agreed 14% agreed, 4% of the respondents were not sure, 16% disagreed and 6% strongly disagreed. Majority of the respondents who strongly agreed gave their view that alcoholism leads to outbreak of certain diseases whose treatment costs are very high to meet. The diseases identified included lung cancer especially to those who drink without eating. The few respondents who strongly disagreed on this point suggested the mechanisms in which a person can drink without harming his/her body and this included regulated drinking and eating food before going to bars.

Causes birth defects had 40% respondents who strongly agreed, 20% agreed, 10% were not sure, while 14% disagreed and 16% strongly disagreed. Alcoholism cause birth defects on the side of women especially it leads to over drinking. According to the field findings, women who take too long in bars drinking find it difficult when giving birth especially those who under go surgery.

Broken homes had 36% respondents who strongly agreed, 24% agreed, 20% were not sure, while 8%disagreed and 12% strongly disagreed. It was also identified that in homes where alcohol is rottenly drunk, fights are the orders of the day and these have resulted to divorce especially when one partner finds it hard to live well with the other. The respondents, who were not sure, disagreed and strongly disagreed argued that alcohol makes partners reveal their areas of weakness and this leads to stability of homes.

Increases traffic crashes had 50% respondents who strongly agreed, 8% agreed, none were not sure, while 10% disagreed and 32% strongly disagreed. Majority of the respondents strongly agreed on this point and reason was that alcohol kills the senses that would have been used by the driver to know how to balance the road and thus end in crashes without their conscience. The respondents who strongly disagreed were considered to be none travellers who are deep villages and have limited knowledge about traffic crashes.

Lower productivity had 58% who strongly agreed because much of their time is spent in drinking and they also reach at their workplace when they having hangover and can't work at speed to produce their desired results, 20% agreed, 12% were not sure, none disagreed and 10% strongly disagreed.

High level of absenteeism had 42% of the total respondents who strongly agreed, 18% agreed, 12% were registered for not being sure, 8 disagreed and only 20% strongly disagreed. Alcoholism make people become forgetful, majority of the people even hardly remember when to report to work and the activities they were assigned to, the end result being to attend to bars than to their respective jobs.

This implies that alcoholism affects the socio-economic status of Ugandans evidenced by respondents who strongly agreed and agreed. Interference with children's development had 80% of the respondents who strongly agreed and agreed and the reason was that poverty increases and facilities required to up bring the child are also affected.

4.4 Solutions to reduce the level alcoholism.

Table VI: Showing response to the solutions for alcoholism.

Weight	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Educating youth to resist peer pressure	30	60	15	30	3	6	0	0	2	4	50	100
Fining and arresting those who break the law	42	84	5	10	2	4	0	0	1	2	50	100
Changing social norms	43	86	2	4	1	2	1	2	3	6	50	100
Reducing the availability of alcohol	20	40	10	20	5	10	15	30	0	0	50	100

Raising tax on alcohol	20	40	0	0	10	20	7	14	8	16	50	100
Ban on advertising and promotion of alcohol	30	60	5	10	0	0	0	0	15	30	50	100

Source: Primary Data, June, 2014

From the table above, educating youth to resist peer pressure was seen as one of the strategy to reduce the level of alcoholism 60% of the respondents strongly agreed that, 30% of the respondents agreed, 6% were not sure, none disagreed and 4% of the respondents strongly disagreed.

‘Fining and arresting those who break the law had 84% of the respondents who strongly agreed, 10% agreed, 4% were not sure, none disagreed and 2% strongly disagreed.

‘Changing social norms had 86% of the respondents who strongly agreed, 4% agreed, 2% who disagreed and 6% who strongly disagreed and 2% were not sure.

Reducing the availability of alcohol had 40% of the respondents who strongly agreed, 20% agreed 10% were not sure and 14 % disagreed and 16% strongly disagreed

Raising tax on alcohol had 40 respondents who strongly agreed, none agreed, 20% were not sure 14% disagreed and 16% strongly disagreed.

Ban on advertising and promotion of alcohol had 60% respondents who strongly agreed, 10% agreed none were not sure and disagreed while 30% strongly disagreed.

This implies that alcoholism which was described as too much alcohol consumption exists but basing on the respondents views, it can be solved especially by fining and arresting those who break the law which had the highest percentage of the respondents who strongly agreed and agreed by 94%. The reason behind this was that un discrimination fine targeting those who break the law and either sale early in the morning or those who go for drinking early and leave late be fined. This may threaten others and stop taking too much alcohol. Educating the youth about peer pressure and changing the social norms were seen to be important and had 90% of the

respondents who strongly agreed and agreed. This implies that change of cultural traditions where a person could drink to be recognized can change the level of alcohol consumptions these also involve reduction of beer parties.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION, RECOMMENDATIONS AND SUGGESTIONS

5.0 Introduction

This chapter is concerned with discussion, summary, conclusion, recommendations and suggestions about the findings that were gathered from the case study.

5.1 Summary of the findings.

The researcher was investigating the impact of alcoholism on socio-economic status of Ugandans and the focus was put on Butanda Sub County which was chosen as the case study. The researcher set the objectives of which included examining the causes of alcoholism, how alcohol consumption affect the socio-economic status of Ugandans and the possible solutions to reduce the level of alcohol consumption.

In line with the first objective which was intended to examine the causes of alcoholism, the respondents were asked weather they were aware of the reasons to why people drink where 32 respondents representing 64% of the total respondents agreed that they were aware of the reasons, 16% disagreed and 20% of the total respondents were not sure.

The respondents were given the option to tick on the causes of alcoholism commonly known in their sub county and 80% of the total respondents strongly agreed with environment in which children are nurtured 8% agreed and none of the respondents strongly disagreed. This was strongly agreed by majority respondents. The implication of this was that the environment in which a child is nurtured in determines what he/she becomes in future. The respondents stated that children who are brought up in environment where alcohol is most brewed and consumed stand higher chances of becoming alcoholic. Other causes included peer pressure, Idleness resulting from unemployment, stress, need for stimulation and courage, inadequate parental controls, inadequate parental controls, social events and celebrations and high work load which had the least of the respondents who strongly agreed and agreed by 66%.

In line with the second objective which was intended to investigate on how alcohol affects on socio-economic status of Ugandans, 60% of the total respondents agreed that alcohol affects the socio-economic status of people in Butanda Sub County and only 40% disagreed. The respondents who disagreed were considered to be equally important as those who agreed.

The researcher gave the respondents the option to tick the appropriate answer according to their level of understanding and majority strongly agreed and alcoholism interferes with children's development with 74% of the total respondents who strongly agreed. 60% of the respondents strongly agreed in respect with increase of health care costs and only 6% strongly disagreed. Others included 40% of the total respondents who strongly agreed that it cause birth defects, lower productivity at work place and high level of absenteeism which had 42% of the total respondents who strongly agreed and broken homes which had 36% respondents who strongly agreed and 12% of the total respondents strongly disagreed.

The researcher's findings on the last objective which was to suggest the possible solutions that be suggested to reduce the level of alcohol consumption, fining and arresting those who break the law had 84% of the respondents who strongly agreed, 10% agreed, 4% were not sure, none disagreed and 2% strongly disagreed. This was had majority of the respondents who strongly agreed and agreed and the least who strongly disagreed. Educating the youth about peer pressure and changing the social norms were seen to be important and had 90% of the respondents who strongly agreed and agreed. This implies that change of cultural traditions where a person could drink to be recognized can change the level of alcohol consumptions these also involve reduction of beer parties. Reducing the availability of alcohol had 40% of the respondents who strongly agreed and 16% strongly disagreed. This was considered to be important but not so much evidenced by the majority respondents who strongly disagreed.

5.2 Conclusion.

Alcoholism exists in Butanda subcounty and the causes are known, impacts on socio-economic status and even the solutions evidenced by the researcher's findings. The majority of the respondents agreed that they were aware of the existence of alcoholism in their sub county and the reasons were also known by 64% though the least disagreed and others were not sure. The researcher identified that truly alcoholism exists. The causes of alcoholism identified were given

different ratings as the respondents who could strongly agree for one cause could not be equal to those who could agree for others. Environment in which children are nurtured was considered to be a major cause there fore for alcohol consumption to be reduced environment and nurture of a child must be taken to be important. High work load and inadequate parental controls had 40% and this is where the least number of respondents strongly agreed. Therefore, the work load has little to do with alcoholism since an alcoholic person must drink as long as alcohol is available irrespective of whether work is available or not. Alcoholism affects socio-economic status of Ugandans specifically those in Butanda Sub County as it interferes with children's development and increase health care costs. Therefore, these factors affect the socio-economic status of Ugandans evidenced by respondents who strongly agreed and agreed. To overcome these negative effects of alcoholism, fining and arresting those who break the law had majority of the respondents who strongly agreed and agreed by 94% and imposing taxes on alcohol could reduce alcohol consumption in the sub county. There fore, these strategies must be adhered to for effective control of alcoholism.

5.3 Recommendations.

The government should create environments in which the opportunities to drink are fewer and the temptations are weaker. This should be done by making alcohol less available to young people since alcohol is promoted in ways that are most likely to be seen by young people, and the consequences of illegal sales and use should be made clear and compelling. The government's strategies should focus on changing social environments regarding alcohol and this is highly effective. This is much important since the environmental factor was considered to be a major cause of alcohol consumption being supported by 80% of the total respondents who strongly agreed.

Increase of health care costs which had 60% of the total respondents and birth defects which had 40% should be reduced by providing treatment to individuals who are at highest risk and others include educating youth to resist peer pressure or fining and arresting those who break the law. These individually based approaches may be complemented by changing the broader environment, increasing the likelihood of long-term reductions in alcohol use and related problems.

Enforcement of laws against selling alcohol should be the cornerstone of any underage drinking prevention effort. The government should set laws that govern the drinking patterns and set the time at which people must open and close their bars. This will reduce the rate of alcohol consumption since people will not over stay in bars.

5.4 Suggestions

Due to resource constraints related to time and money, the following are the areas for further research.

Impact of alcoholism on domestic violence

Impact of alcoholism on road accidents

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APPENDICES

APPENDIX I: QUESTIONNAIRE

INTRODUCTION

I Kemigisha Medius a student of Kampala International University. I am doing this research study as part of the requirements for the award of a bachelor's degree in Social Work and Social Administration. The topic of my research study is *"Impact of alcoholism on social economic status of Uganda"*. The provided information will be treated with the highest level of confidentiality and only be used for academic purposes.

You are therefore requested to answer the following questions to the best of your understanding.

PART A; PROFILE OF THE RESPONDENTS

1. Gender.

Male ☐ Female ☐

2. What age are you?

20-30 ☐ 40-50 ☐
30 -40 ☐ 50+ ☐

3. Education level

O level ☐ Degree ☐
A level ☐ Others ☐
Diploma ☐

4. For how long have you stayed in the school the teacher is teaching in Makindye Division?

1- 5 years ☐
6 – 10 ☐
10 and above ☐

PART B: Causes of Alcoholism.

Please tick the appropriate box

1. Are you aware of the reasons for alcoholism in your Subcounty?

Yes ☐ No ☐ Not Sure ☐

2. From your own point of view, are the following the causes of Alcoholism in your subcounty? (1-Strongly Agree 2-Agree 3-Not sure 4-Disagree 5-Strongly disagree) **Tick the appropriate box.**

Causes of Alcoholism	1	2	3	4	5
Peer pressure					
Idleness resulting from unemployment					
Stress					
Need for stimulation and courage					
High work load					
Environment in which children are nurtured,					
Inadequate parental controls					
Social events and celebrations					

If there are other causes of Alcoholism in your Sub County, please mention them

.....

PART D: Effects of alcoholism on the social economic status of people of Butanda Subcounty.

3. Does alcoholism affect the social economic status of people in your Sub County?

YES ☐ NO ☐ NOT SURE ☐

5. If yes does it affect the social economic status of people in your Sub County in the following ways?

(1-Strongly Agree, 2-Agree, 3-Not sure, 4-Disagree, 5-Strongly disagree) **Tick the appropriate box.**

Effects of Alcoholism	1	2	3	4	5
Interferes with children's development					
Increase of health care costs					
Causes birth defects					

Broken homes					
Increases traffic crashes					
Lower productivity					
High level of absenteeism					

If there are any other effects of alcoholism, please mention them.

.....

PART C: Solutions to reduce the level alcoholism.

3. Are the following the strategies to reduce the level of alcohol consumption?

(1-Strongly Agree, 2-Agree, 3-Not sure, 4-Disagree, 5-Strongly disagree) **Tick the appropriate box.**

Strategies	1	2	3	4	5
Educating youth to resist peer pressure					
Fining and arresting those who break the law					
Changing social norms					
Reducing the availability of alcohol					
Raising tax on alcohol					
Ban on advertising and promotion of alcohol					
Generating employment opportunities					

If there is any other strategy in which alcohol consumption can be reduced, please mention them.....

.....

I am grateful for your co-operation

May God Bless You

APPENDIX II: ESTIMATED RESEARCH BUDGET

This is the estimate cost and expenses that the research expects to meet during the course of Research study.

Items	QTY	UNIT COST	AMOUNT
Stationery			
Ream of rule paper	2	12,000	24,000=
Pens	5	1,000	1,000=
Pencils	5	200	1,000=
Box files	1	4,500	4,500=
Note books	4	1,000	4,000=
Transport	Lump sum	Lump sum	90,000=
Preparing questionnaires interview guide			20,000=
Editing data, printing and binding		100,000	100,000=
Airtime		50,000	20,000=
Umbrella	1	5,000	5,000
Motivation and refreshment			60,000=
Miscellaneous		50,000	50,000=
TOTAL			389,500=

APPENDIX III: TIME FRAME

ACTIVITIES	DURATION (months)					
	JANUARY 2014	FEBRUARY 2014	MARCH 2014	MID MARCH FEB 2014	APRIL 2014	MAY 2014
A Pilot study						
Study analysis						
proposal design						
proposal development						
Submission of proposal for approval						
Final report writing and submission						