

**THE INFLUENCE OF ALCOHOLISM ON AGRICULTURAL PERFORMANCE:**

**A CASE STUDY OF ARTWOTCEK SUB COUNTY IN**

**AMOLATAR DISTRICT**

**BY**

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### DECLARATION

I Omeja Fred hereby that this research Report is my original work and has never been presented to any institution of learning or university for any award.

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## **APPROVAL**

I confirm that the work presented in this research dissertation was done under my supervision as the university examiner

**SIGNATURE:** .....

**DATE**.....

**MADAM BARONGO ELEANOR**

**University supervisor**

## **DEDICATION**

I dedicate this research project to my beloved parents, brothers and my only sister who have been so supportive and guided me to fulfill my dreams.

Thank you for your courageous words and your prayers, which taught me to live a blessed life.

## **ACKNOWLEDGEMENT**

I thank the Almighty God for enabling me maneuver through all the hard times and trying moments I have had in life.

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## **LIST OF ABBREVIATION**

PEAP	Poverty Eradication Action Plan
MFI	Micro Finance Institutions
Sacco's	Savings Credit Community Organizations
MDIs	Micro Deposits Taking Institutions
NGOs	Non-Governmental Organization
VSLA	Village Savings And Loan Associations
WHO	World Health Organization

### **ABSTRACT**

The topic of the study was the impact of alcoholism on agricultural performance. The study was conducted in Artwotcek Sub County in Amolatar District. The study was guided by three objectives; To assess causes of alcoholism on agricultural performance; To assess the effects of alcoholism on increasing agricultural performance; 3) To determine the possible solution to alcoholism on agricultural performance. The study used questionnaire to collect the required information. The researcher used the sample size of 62 respondents. The researcher used Solvens formula in order to determine the sample size used in the research.

The results show that Alcohol consumption and dependence is considered a public health problem and deserves attention because of the social, work, family, physical, legal and violence-related risks it represents. This study aimed to identify the effects of alcoholism on family relations and, by means of case management, to encourage the recovery of these relationships. The results show that the problems caused by alcohol abuse impose profound suffering to family members, which contributes to high levels of interpersonal conflict, domestic violence, parental inadequacy, child abuse and negligence, financial and legal difficulties, in addition to clinical problems associated to it.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Introduction**

This chapter presents the back ground to the study, purpose of the study, the significance of the study, and the research questions. This chapter also reveals the statement of the problem, objectives of the study, hypothesis, area of study and study significance.

#### **1.1 Background of the study**

Alcohol has a long history of use and misuse throughout recorded history. Biblical, Egyptian and Babylonian sources record the history of abuse and dependence on alcohol. In some ancient cultures alcohol was worshiped and in others its abuse was condemned. Excessive alcohol misuse and drunkenness were recognized as causing social problems even thousands of years ago. However, the defining of habitual drunkenness as it was then known as and its adverse consequences were not well established medically until the 18th century. In 1647 a Greek monk named Agapios was the first to document that chronic alcohol misuse was associated with toxicity to the nervous system and body which resulted in a range of medical disorders such as seizures, paralysis and internal bleeding. In 1920 the effects of alcohol abuse and chronic drunkenness led to the failed prohibition of alcohol being considered and eventually enforced briefly in America. In 2005 the cost of alcohol dependence and abuse was estimated to cost the US economy approximately 220 billion dollars per year, more than cancer and obesity

Alcoholism or Alcohol Dependence, chronic disease marked by a craving for alcohol. People who suffer from this illness are known as alcoholics. They cannot control their drinking even when it becomes the underlying cause of serious harm, including medical disorders, marital difficulties, job loss, or automobile crashes. Medical science has yet to identify the exact cause of alcoholism, but research suggests that genetic, psychological, and social factors influence its development. Alcoholism cannot be cured yet, but various treatment options can help an alcoholic avoid drinking and regain a healthy life.

People tend to equate any kind of excessive drinking with alcoholism. But doctors and scientists recognize that disorders related to alcohol use lie along a continuum of severity. They prefer to use the term alcohol dependence instead of alcoholism to designate the most severe of the alcohol-use disorders. The terms alcohol abuse and problem drinking designate less severe disorders resulting from immoderate drinking.

Alcohol dependence develops differently in each individual. But certain symptoms characterize the illness, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a United States government agency that is part of the National Institutes of Health. Alcoholics develop a craving, or a strong urge, to drink despite awareness that drinking is creating problems in their lives. They suffer from impaired control, an inability to stop drinking once they have begun. Alcoholics also become physically dependent on alcohol. When they stop drinking after a period of heavy alcohol use, they suffer unpleasant physical ailments, known as withdrawal symptoms that include nausea; sweating, shakiness, and anxiety (see Drug Dependence). Alcoholics develop a greater tolerance for alcohol—that is, they need to drink increasing amounts of alcohol to reach intoxication. The World Health Organization (WHO) notes that other behaviors common in people who are alcohol dependent include seeking out opportunities to drink alcoholic beverages—often to the exclusion of other activities—and rapidly returning to established drinking patterns following periods of abstinence.

Alcohol dependence affects a broad cross section of society around the world. Statistics show that alcohol dependence touches successful business executives, skilled mechanics, laborers, homemakers, and church members of all denominations. Scientists have not identified a typical alcoholic personality, and they cannot predict with absolute certainty which drinkers will progress to alcohol dependence.

Alcohol use varies depending on an individual's social, cultural, or religious background. Some individuals do not drink at all—about one-third of adults in the United States who are 18 and older, for example, abstain from alcohol. Others drink as part of social custom. Still others drink frequently and in substantial amounts. Those suffering from alcohol dependence drink to appease an uncontrolled craving for alcohol or to avoid experiencing the unpleasant symptoms of withdrawal.

WHO estimates that about 76 million people worldwide suffer from alcohol-related disorders. The prevalence of the illness varies in different countries. In the United States about 15 percent of the population experiences problems related to their use of alcohol. Of these, alcohol dependence affects about 12.5 million men and women, or almost 4 percent of the population. Men are three times more likely than women to become alcoholics, while people aged 65 and older have the lowest rates of alcohol dependence.

In the United States, people who start to drink at an early age are at particular risk for developing alcohol dependence. Estimates indicate that 40 percent of people who begin to drink before age 15 will become alcohol dependent at some point in their lives. These individuals are four times more likely to become alcohol dependent than those who delay drinking until age 21.

In Canada, an estimated 4 percent of the people aged 15 and older are alcohol dependent, and the number of male alcoholics is double that of females. The highest rate of this illness occurs in Canadians between the ages of 20 and 24. In Canadian surveys about one in five current and former drinkers admit that their drinking harmed them at some point in their lives, affecting their jobs or financial position.

Alcohol dependence has reached critical proportions in Russia, where it is estimated that almost a third of all deaths are related, directly or indirectly, to alcohol abuse. Periodic efforts by the government to control drinking by closing distilleries, breweries, and bars have backfired. Instead of solving the problem, such tactics only created a widespread black market for liquor—as well as a country of people who hide their drinking problems.

In Asian nations such as Japan, alcohol abuse has become a social concern. In these countries, drinking almost is required when conducting business. Bars are an extension of offices, places where key decisions are made. A person who declines an invitation to a drink after work risks being passed over for promotion within the company. Alcohol is readily available in Japan—vending machines along the streets of Tokyo dispense cans of beer and sake.

In Uganda, today alcoholism is still present in all communities. Many people take alcohol with various reasons which vary from one person to another. The constitution of the Republic of Uganda allows them the persons above 18 years of age to consume any alcoholic drinks. But

most of the consumers of this alcohol have affected the performance of agricultural sector since most of them cannot work for long in gardens due to addiction of alcoholic drinks which makes them to be lazy hence therefore abandoning agricultural work.

In Amolatar district, alcoholism has become the order of the day where most people today have lost a lot of agricultural resources to alcoholism. Such as land, crops, agricultural tools, to mention but a few hence affecting agricultural production.

### **1.2 Statement of the problem**

Alcoholism consumption has caused so many agricultural challenges such as laziness in garden work, dodging agricultural work, fighting in home stead's which may lead to abandonment of the gardens, sustained injuries due to collapsing in the process of coming back home to mention but a few. Such challenges affect the performance of agriculture due the challenges leading to low output of agricultural products, low yields due to weeds competition with crops, low sowing and harvesting of the crops all these are due the alcohol consumption. Hence calling a need for government and nongovernmental organizations to intervene to sensitize the population so as to minimize or reduce or even ban alcohol consumption. Therefore all these problems need to be addressed so as to save people from such a vice or problems hence formulating the topic of my study as the impact of alcoholism on agricultural performance.

### **1.3 The purpose of the study**

The purpose of the study was to assess effect of alcoholism on agricultural performance. While dealing with the cause of alcoholism, effects and the possible solutions

### **1.4 The objectives of the study**

The objectives of the study are as follows;

- 1) To assess causes of alcoholism in Amolatar district local government.
- 2) To assess the effects of alcoholism on increasing agricultural performance in Amolatar district local government.
- 3) To determine the possible solutions to alcoholism in Amolatar district local government.

### **1.5 Research Questions**

In order to complete this research the researcher formulated the following research questions so as to formulate the literature review from different authors or scholars on agricultural performance and alcoholism

- 1) What are the causes of alcoholism on increasing agricultural performance in Amolatar district local government?
- 2) What are the effects of alcoholism on agricultural performance Amolatar district local government?
- 3) What possible solutions can be put in place to solve the problem alcoholism on agricultural performance in Amolatar district local government?

### **1.6 Scope**

#### **1.6.1 Content scope**

The study covered the influence of alcoholism on increasing agricultural performance. While concentrating on the cause, effects and possible solution that can be put in place to solve the problem of alcoholism on agricultural performance.

#### **1.6.2 Geographical scope**

Arwotcek Sub County is located in Amolatar district in Northern Uganda, Amolatar district is boarded by Nakasongola district from the south west, Apac district from the North, Kaberamaido district from the east. Amolatar is an island of lake Kyoga and lake kwania. It is surrounded by the two lakes and has only one route that passes the district of Dokolo via Kaberamaido to lira district.

The study was conducted at Amolatar district local government in, Northern Uganda.

#### **1.6.3 Time scope**

The study will be covered in a period of two months that is; from April to May 2015



#### **1.6.4 Theoretical Scope**

The theory that guided the study was the Empowerment theory by Perkins and Zimmerman (1995) which is both a value orientation for working in the community and a theoretical model for understanding the process and consequences of efforts to exert control and influence over decisions that affect one's life, organizational functioning, and the quality of community life. Empowerment theory provides principles and a framework for organizing our knowledge. The development of empowerment theory also helps advance the construct beyond a passing fad and political manipulation. A distinction between the values that underlie an empowerment approach to social change and empowerment theory is necessary. The value orientation of empowerment suggests goals, aims, and strategies for implementing change.

#### **1.7 Significance of the study.**

To the researcher it is a partial fulfillment of the requirement for the award of Bachelors of development studies of Kampala International University.

The study will also act as a source of information for further research and investigation about the influence of alcoholism in increasing agricultural performance.

It shall also act as a guide to the policy makers and educators on how to improve Alcoholism in order to reduce agricultural performance among societies.

## CHAPTER TWO

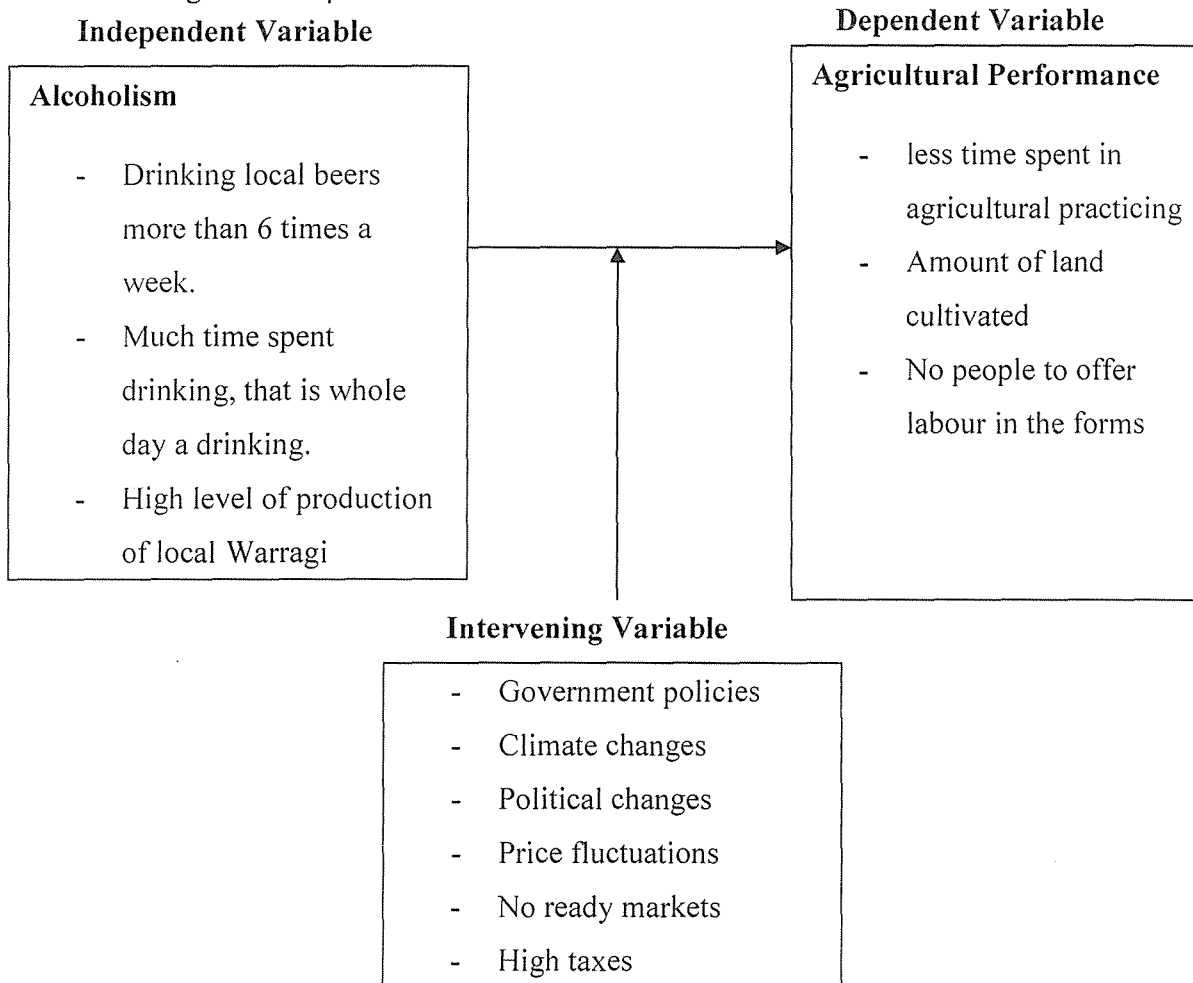
### LITERATURE REVIEW

#### 2.0 Introduction

This chapter presents a review of existing literature relevant to the influence of alcoholism in increasing agricultural performance, this chapter will present the authors views on; the effects of alcoholism on increasing agricultural performance; Policies to reduce levels of alcohol- related domestic abuse and the relationship between alcoholism and agricultural performance.

#### 2.1 The conceptual framework

Alcoholism agricultural performance



Source: Designed by Researcher 2017

## **Explanation of the conceptual framework**

### **Independent variables**

Alcoholism has far much been on chimis to which it has raised high state of drunkardness. Most people are unsobber most times that they end up bring nothing but drinking whole day through.

Drinking of local beers over five times a week hence.

### **Agricultural performance**

Less time spent doing farm works. I realized that due to high drinking people tend to spend most time drinking compared to they do in the farm work.

### **Amount of land cultivated**

Most of them have resorted to produce what they can eat only to there is no commercial products.

Few people turn up for farm work that is to say no labor in terms because most of the labourers are drunkards so even if someone offer money for them they are not ready because they are drunk most times.

### **Intervening variables**

This one other factors that have also affected agricultural performances in Arwotcek Sub County Amelator District.

To mention below they are:-

Government policies. Sometimes government bring out ideas that affect the farmers either directly or indirectly for example introduction of foreign seeds or crops that may not so much be supposed by our local farmers.

Climate changes. Also in most cases leaving alone alcoholism our climate changes in the area also affects farming in that sometimes they receive little or no rain a tal! get after putting down their crops.

Political situations. This also affected farming in that sometimes they are scared in terms of insecurity threats hence leaving their lands uncultivated.

Price fluctuations. Also prices sometimes is a problem in that when farmers produce much of a given food prices tend to be so low so they end up earning less hence discouraging most farmers.

Rural-Urban Migration. Now days most people tend to live in towns ending up ignoring farming activities hence reducing agricultural productions in the areas.

## **2.2 Causes of alcoholism**

Scientists do not know precisely what causes alcoholism, but most experts suspect that a combination of factors are involved, which may explain why some people who drink become alcohol dependent while most do not.

### **Physiological causes**

Scientists have explored the chemical action of alcohol among both normal individuals and individuals who suffer from alcohol-use disorders, particularly alcohol dependence. Some studies suggest that some people may have a physical trait that enables them to drink large quantities of alcohol before feeling its intoxicating effects. These people have an enhanced tolerance for alcohol. Scientists are unsure if this trait causes excessive drinking or develops as the result of such drinking. (Steele & Josephs, 1990).

Studies show that alcoholism runs in families' alcoholics are six times more likely than nonalcoholics to have blood relatives who are alcohol dependent. Researchers have long pondered whether these familial patterns result from genetics or from a common home environment, which often includes alcoholic parents. Studies of twins attempt to identify if alcohol dependence develops as the result of genetic factors, shared environmental influences, or a combination of both. Laboratory studies compare the genetic structure in people who are alcohol dependent with those who have no personal or family history of the disease. (Hanson, Venturelli, & Fleckenstein, 2002).

Studies of twins in the 1980s showed that patterns of alcohol dependence differed among identical twins, who share identical genes, and fraternal twins, who are genetically different. If one twin becomes alcohol dependent, an identical twin is more likely to develop alcohol dependence than a fraternal twin. While these studies suggest that a genetic factor plays a role in alcohol dependence, the results are difficult to interpret. Many of these studies assumed that all twins share a similar home environment. But more recent studies revealed that the home environments of identical twins are more alike than the environments of fraternal twins. That is, as children, identical twins are more likely than fraternal twins to play and study together and to share friends. And as adults, identical twins are more likely than fraternal twins to stay in close contact with each other, possibly resulting in the development of similar behaviors. Scientists are conducting further twin studies that take into account differences in home environments. (Sayette, 1993).

Scientists now recognize that alcoholism is a polygenic disease that is, many genes are involved in increasing an individual's risk for developing alcohol dependence. In addition to family studies that establish a broad genetic influence on alcoholism, scientists perform laboratory studies to try to identify the specific genes involved in the development of alcohol dependence. One method scientists use is to look for genetic markers related to alcoholism. A genetic marker is a gene that produces an observable trait and has a known location on a chromosome, the rod-shaped structures that carry genes. Once scientists have identified genetic markers, they attempt to determine if the markers are inherited in people with alcoholism. If the marker is inherited along with alcoholism, scientists know that the genes that cause alcoholism are likely located close to the genetic marker on the chromosome. (MacAndrew & Edgerton, 1969).

In 1998 researchers moved closer to the goal of finding the genes for alcoholism when they identified locations on four chromosomes where these genes are likely to be. Some experts speculate that these genes may not be specific for alcohol dependence, but rather may determine temperament or personality traits that increase a person's vulnerability to alcohol use disorders. (Goldman, Del Boca, & Darkes, 1999)

### **Environmental causes**

Scientists recognize that alcohol-use disorders likely results from a complex interaction of biological influences and environmental factors. Environmental factors that may affect the development of the disease include personal behavioral skills, peer influences early in life, parental behavior, societal and cultural attitudes toward alcohol use, life stress, and availability of alcoholic beverages. Once a person has established a drinking pattern, environmental factors combined with physical changes induced by heavy drinking may reinforce the continued use of alcohol. (Cohall, et al., 2005).

### **Psychological influence**

Many experts believe that a loss of control over drinking is as much psychological as it is physiological. Studies show that alcohol-dependent individuals will drink excessive amounts of a nonalcoholic beverage if they believe it contains alcohol. Moreover, when they are given an alcoholic beverage that they believe is alcohol-free, their drinking behavior is similar to that of persons not dependent on alcohol. (Hogle, et al., 2002)

Many drinkers develop a psychological condition known as denial, in which they are unable to acknowledge that alcohol use lies at the root of many of their problems. Denial was long thought to be a personality trait shared by all persons who suffer from alcohol-use disorders. Recent research suggests that denial may be a psychological response to negative feedback people receive about their drinking. Some studies indicate that when approached with objective information about their drinking and its consequences in an empathetic and non confrontational manner, many persons with significant drinking problems do not demonstrate denial. (Jemmott L.S. et al., 2000).

### **2.3 Effects of alcoholism on Agricultural Performance**

Ethyl alcohol, or ethanol, is present in varying amounts in beers and wines, and in distilled liquors such as whiskey, gin, and rum. When a person consumes alcohol, the stomach and intestines rapidly absorb it. From there alcohol travels in the blood throughout the entire body,

affecting nearly every tissue. Moderate and high doses of alcohol depress the functions of the central nervous system, including the brain. The higher the alcohol level is in the blood, the greater the impairment. (M0H2003)

As blood passes through the liver, enzymes break down alcohol into harmless byproducts, which are eliminated from the body six to eight hours later. But the rate at which alcohol accumulates in the body may be faster than the rate at which the body eliminates it, resulting in rising alcohol levels in the blood. Consequently, alcohol remains in the body, producing intoxicating effects hours after the last drink was swallowed. (Seals, 2001).

Small amounts of alcohol may relieve tension or fatigue, increase appetite, or produce an anesthetic affect that numbs pain. Larger quantities inhibit or depress higher thought processes, bolstering self-confidence and reducing inhibition, anxiety, and guilt. As a person becomes intoxicated, painful or embarrassing situations appear less threatening and, as drinking progresses, speech may become loud and slurred. Impaired judgment may lead to incautious behavior, and physical reflexes and muscular coordination may become noticeably affected. If drinking continues, complete loss of physical control follows, ending in stupor, and possibly death. Miranda, & Porter, 2000).

### **Alcohol and poverty**

The economic consequences of expenditures on alcohol are significant especially in high poverty areas. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include lowered wages (because of missed work and decreased efficiency on the job), lost employment opportunities, increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans. A recent study conducted in 11 districts in Sri Lanka examining the link between alcohol and poverty found that 7% of men said that their alcohol expenditure was greater than their income.

Though a relatively small percentage, this is still a worrying statistic for the families concerned and for those interested in helping the worst-off families (Baklien & Samarasinghe, 2001).

### **Alcohol consumption and the family**

It is well established that drinking can severely impair the individual's functioning in various social roles. Alcohol misuse is associated with many negative consequences both for the drinker's partner as well as the children. Maternal alcohol consumption during pregnancy can result in fetal alcohol syndrome in children, and parental drinking is correlated with child abuse and impacts a child's environment in many social, psychological and economic ways (Gmel & Rehm, 2003). Drinking can impair performance as a parent, as a spouse or partner, and as a contributor to household functioning. There are also other aspects of drinking which may impair functioning as a family member. In many societies, drinking may be carried out primarily outside the family and the home. In this circumstance, time spent while drinking often competes with the time needed to carry on family life. Drinking also costs money and can impact upon resources particularly of a poor family, leaving other family members destitute. Also, it is worth noting that specific intoxicated events can also have lasting consequences, through home accidents and family violence (Room, 1998; Room et al., 2002).

A recent paper by Bonu et al., (2004) suggests that adverse child health effects of alcohol use are primarily through two distal determinants (indirect effects) - forgone household disposable income and caretakers' time for childcare. Diversion of scant economic resources for alcohol use that could have otherwise been used for seeking health care, may lead to self care or delay in seeking health care. The other potential ways by which alcohol use can reduce the household income are through morbidity associated with the drinking habit among the consuming individuals, resulting in increase in medical expenditures and loss of income due to lost wages, and, sometimes, resulting in the premature death of sole wage earners in a household (Bonu et al., 2004).

### **Social effects of alcoholism**

Throughout most of history, society has viewed people who drink to excess as irresponsible, immoral, and of weak character. Punishment of drunkards was considered necessary to protect the community. By the early 1900s, experts conceded that alcohol dependence may result from



tissue changes caused by the action of alcohol. These changes produce a continued need to drink, such that the individual seeks larger amounts of alcohol at more frequent intervals. However, society still regarded taking or rejecting a drink as a matter of personal decision, thus all excessive drinking was considered a voluntary act. The individual, therefore, was held responsible for his or her behavior. (Gondolf, 1988)

Although a consensus is growing among health professionals that alcohol dependence is a disease, society's attitudes toward individuals with drinking problems remain ambivalent and confused. Until the mid-20th century, the typical picture of the alcoholic was of someone without steady employment, unable to sustain family relationships and most likely in desperate financial straits. But this stereotype was largely dispelled when highly respected people publicly admitted their alcohol dependence and shared their successful recovery stories. Particularly critical in changing the way Americans view alcohol-use disorders were New York broker William Griffith Wilson (more familiarly known as Bill W.) and Ohio physician Robert Holbrook Smith (Dr. Bob). In 1935 these two recovered alcoholics developed a program to promote their successful philosophy for recovering from alcohol dependence. The program, which became known as Alcoholics Anonymous, has spread around the world, helping millions of members to avoid alcohol use and rebuild their lives. In the late 1970s Betty Ford, the wife of former U.S. president Gerald Ford, disclosed her struggle to recover from alcohol dependence. She helped raise the public's understanding about alcohol dependence through her open, honest revelations and her creation of a groundbreaking treatment center for substance abusers in Rancho Mirage, California, now known as the Betty Ford Center. (Saunders, 1992)

Intoxication threatens not only the individual who drinks but also the surrounding community. Therefore, societies around the world have attempted to control excessive use of alcohol. Temperance societies in the 19th and 20th centuries pushed for laws ranging from arrest and jail sentences for public drunkenness to prohibition of the manufacture, distribution, and consumption of alcoholic beverages. (Pemanen, 1991).

Today experts characterize alcohol-use disorders as a form of illness, and one so widespread that it constitutes a major public health problem. According to WHO, alcohol dependence and other alcohol-use disorders undermine global health, accounting for 3.5 percent of the total cases of

disease worldwide. This figure equals the hazards posed by unsafe sex and surpasses two other formidable health foes, tobacco and illicit drugs. In the United States alone, the NIAAA estimates that alcoholism causes losses of more than \$185 billion a year in lost productivity, illness, and premature death. (Labell's, 1979)

### **Development of alcohol dependence**

Alcohol-use disorders develop in a predictable pattern. Health professionals use three stages to describe this progression. Each stage is defined by a set of symptoms that are used in early diagnosis and treatment. Most individuals who drink alcohol never progress beyond stage one and are commonly known as social drinkers. In this stage, individuals drink alcohol primarily as an accompaniment to social situations. Drinking at this stage is not the central focus of a person's activities.

A small percentage of social drinkers progress to stage two. In this early stage of a drinking problem, many people do not show any signs of illness. But often, more severe problems develop with time and continued heavy drinking. Activities that focus on drinking may take up increasingly larger amounts of time in the person's life, and as problem drinking progresses the alcoholic's intoxicated behavior may become disagreeable and antisocial. A person may resort to drinking to relieve the physical discomfort of withdrawal symptoms.

Most often, attempts to avoid the discomfort result in morning drinking to offset symptoms that develop after a bout of drinking the night before. Julian ZindMcKenry (1993), As drinking continues, drinkers cannot acknowledge that drinking and intoxication have become goals in themselves. Drinking may become a technique for coping with problems, many of which have been brought about by alcohol use. Drinkers may neglect responsibilities to their family, seriously damaging relationships with their partners and children. Their productivity at work declines, often resulting in job loss. Despite numerous negative consequences experienced as a result of their drinking, they remain in denial about their problem. They continue to claim to friends or family that they can stop drinking any time, they want to. But in actuality they find it increasingly difficult to control their alcohol use. Kantor and Straus (1990)

Stage three is the final stage of alcohol dependence. In addition to suffering from many of the problems experienced by individuals in stage two, an individual in stage three can no longer control his or her drinking. This impaired control, in which the compulsion to drink is overwhelming, is the key identifier that health professionals use to diagnose people who have progressed to alcohol dependence. (Cascardi and Vivian's,1995).

## **Health Consequences**

While some studies have found that moderate use of alcohol has beneficial health effects, including protection from coronary heart disease, heavy and prolonged intake of alcohol can seriously disturb body chemistry. Heavy drinkers lose their appetite and tend to obtain calories from alcohol rather than from ordinary foods. Alcohol is rich in calories and can provide substantial amounts of energy. However, if it constitutes the primary source of calories in place of food, the body will lack vitamins, minerals, and other essential nutrients.

Prolonged use of large amounts of alcohol may cause serious liver damage. In the first stage of liver disease caused by alcohol, fat accumulates in the liver. This stage of the disease is known as fatty liver. Most people do not notice symptoms of fatty liver, although in some people the liver becomes enlarged and tender. Some people with fatty liver develop hepatitis, which inflames and kills liver cells. Hepatitis is marked by jaundice, which gives a yellowish tint to the eyes and skin. Others may develop cirrhosis, an irreversible condition in which normal liver tissue is replaced by scar tissue. The scarring prevents blood from traveling freely through the liver, building blood pressure in the veins that run from the intestine to the liver. Consequently, the liver can no longer process toxins efficiently, causing poisons to build up in the blood. This buildup can be fatal.

Heavy drinking also damages heart muscle. Nearly half of all cases of cardiomyopathy are caused by alcohol abuse. In this heart disease, the heart muscles, particularly the right and left ventricles, enlarge and become flabby, reducing the heart's blood-pumping efficiency. This inefficiency reduces the flow of blood through the kidneys, which normally filter excess salts

and water out of the blood. Eventually the blood volume rises, causing a potentially fatal backup of fluid in the lungs.

### **Alcohol consumption and the workplace**

Heavy drinking at the workplace may potentially lower productivity. Sickness absence associated with harmful use of alcohol and alcohol dependence entails a substantial cost to employees and social security systems. There is ample evidence that people with alcohol dependence and problem drinkers have higher rates of sickness absence than other employees. Klingemann & Gmel (2001) note that a number of studies have demonstrated an association between heavy drinking or alcohol abuse and unemployment. Here, a causal association may go in either direction, heavy drinking may lead to unemployment, as suggested by Mustonen, Paakkanen & Simppa (1994) and Mullahy & Sindelar (1996); but loss of work may also result in increased drinking, which may become heavy drinking, as indicated by Gallant (1993), Dooley & Prause (1998) and Claussen (1999).

Blum, Roman & Martin (1993) and Mangione et al. (1999) found that work performance was related to volume and pattern of drinking. Blum and her colleagues found no significant relationship between work performance and average daily volume when performance was assessed by self-reports of the drinker. However, lower performance, lack of self-direction and problems in personal relations were found to be related to heavy drinking, particularly when collateral reports were used. In the Mangione et al. study, it was found that although moderate-heavy and heavy drinkers reported more work performance problems than very light, or moderate drinkers, the lower-level-drinking employees, since they were more plentiful, accounted for a larger proportion of work performance problems than did the heavier drinking groups. A study conducted by Ames, Grube & Moore (1997) found modest but significant relationships between drinking behaviours and self-reports of workplace problems.

### **2.4 Possible solutions to Alcoholism**

The best methods to treat alcohol dependency vary, depending upon an individual's medical and personal needs. Some heavy drinkers who recognize their problem appear to recover on their

own. Others recover through participation in the programs of Alcoholics Anonymous or other self-help groups. Some alcoholics require long-term individual or group therapy, which may include hospitalization. And still others do not seek treatment at all. These people do not seek treatment as the result of a combination of factors, including ignorance of the symptoms of alcohol-use disorders, the social stigma that still surrounds these disorders—that is, the fear of being labeled an alcoholic and an unwillingness to accept lifetime abstinence from alcohol as a treatment goal.

Numerous studies indicate that simple, brief interventions can be effective in changing drinking behavior in those who are not severely alcohol dependent. In brief interventions, a problem drinker meets with a health professional for one to four sessions, with each session lasting from a few minutes to an hour. During these meetings, the health professional makes the person aware that his or her current drinking patterns or medical problems are related to alcohol abuse and could progress to alcohol dependence. Using a warm, reflective, and understanding style of delivery, the health professional employs a variety of strategies to encourage the individual to change his or her drinking behavior. The goal of brief interventions typically is to help people moderate their drinking rather than resort to complete abstinence. Brief interventions also have been used to motivate alcoholics to enter specialized treatment programs and work toward complete abstinence from alcohol.

For some alcoholics, treatment begins with detoxification, which safely rids the patient's body of alcohol while treating any physical complications that develop from severe withdrawal symptoms, such as delirium tremens. Detoxification normally requires less than a week, during which time patients usually stay in a specialized residential treatment facility or a separate unit within a general or psychiatric hospital. These facilities also offer extended treatment programs to help alcoholics in their recovery effort.

Recovery also may involve individual counseling and group therapy to help a person who is alcohol dependent adapt to a new way of life, one that is not driven by alcohol. Throughout the United States and Canada, public outpatient and inpatient clinics offer a variety of treatments for alcoholics. The National Council on Alcoholism and Drug Dependence (NCADD) has affiliates in many cities that help people who are alcohol dependent find appropriate treatment programs.

Many public mental hospitals and Veterans Administration hospitals, as well as private clinics and hospitals, treat alcohol dependence.

Physicians may prescribe medications to help prevent alcoholics from returning to drinking once they have stopped. The drug disulfiram (sold under the trade name Antabuse), interferes with the way the body processes alcohol. Taken in pill form daily, this medication generally has no noticeable effects until a person drinks alcohol. The alcohol and drug interact to produce an extremely unpleasant reaction, including nausea, dizziness, headache, heart palpitations, and other problems. Alcoholics then associate illness with drinking and, in many cases, avoid alcohol use. Naltrexone (ReViva) is a narcotic approved for use in alcohol treatment in 1995. Although scientists are not' certain how this medication works in the brain, it reduces an alcoholic's craving for alcohol, most likely by blocking the positive effects the individual gets from drinking alcohol. Naltrexone is most effective when it is used in combination with counseling programs. Acamprosate (trade name, Campral) is used to help alcoholics maintain abstinence once they have ceased drinking. Scientists believe it works by restoring balance among the chemicals that enable brain cells to communicate with one another.

#### **Alcohol dependence disrupts this balance.**

Most treatment programs effectively help alcohol-dependent persons stop drinking for a period, but they are less successful in preventing a subsequent return to drinking. Treatment programs typically contain a component that focuses on helping alcoholics understand the situations, feelings, and interpersonal interactions that trigger drinking. These programs teach people how to cope with these factors without returning to drinking.

In addition to formal treatment programs, other widely available community resources include vocational rehabilitation, family guidance, and religious counseling. Many countries, including Poland, Finland, and South Africa, and some U.S. states have compulsory treatment programs for alcoholics who have committed crimes. Mutual-help organizations, such as Alcoholics Anonymous and Rational Recovery, provide a free and effective method to cope with recovery.

## **Management**

Treatments are varied because there are multiple perspectives of alcoholism. Those who approach alcoholism as a medical condition or disease recommend differing treatments from, for instance, those who approach the condition as one of social choice. Most treatments focus on helping people discontinue their alcohol intake, followed up with life training and/or social support to help them resist a return to alcohol use. Since alcoholism involves multiple factors which encourage a person to continue drinking, they must all be addressed to successfully prevent a relapse. An example of this kind of treatment is detoxification followed by a combination of supportive therapy, attendance at self-help groups, and ongoing development of coping mechanisms. The treatment community for alcoholism typically supports an abstinence-based zero tolerance approach; however, some prefer a harm-reduction approach.

## **Detoxification**

Alcohol detoxification or 'detox' for alcoholics is an abrupt stop of alcohol drinking coupled with the substitution of drugs, such as benzodiazepines, that have similar effects to prevent alcohol withdrawal. Individuals who are only at risk of mild to moderate withdrawal symptoms can be detoxified as outpatients. Individuals at risk of a severe withdrawal syndrome as well as those who have significant or acute comorbid conditions are generally treated as inpatients. Detoxification does not actually treat alcoholism, and it is necessary to follow-up detoxification with an appropriate treatment program for alcohol dependence or abuse to reduce the risk of relapse. Some symptoms of alcohol withdrawal such as depressed mood and anxiety typically take weeks or months to abate while other symptoms persist longer due to persisting neuroadaptations. Alcoholism has serious adverse effects on brain function; on average it takes one year of abstinence to recover from the cognitive deficits incurred by chronic alcohol abuse.

## **2.5 Review of literature**

The role of alcohol in contributing to agricultural performance has been investigated from numerous perspectives, including prevalence, incidence, severity and injury. The lack of direct causality suggests that the relationships between alcohol and abuse are complex and not necessarily consistent. While there is considerable empirical support for an association between

alcohol and increased prevalence, incidence and severity of assaults on women other research has no found such conclusions.

## **2.6 Related studies**

A study carried out in the US (New York) by M. Galanter (Ed) in 2005 in America it shows that how much alcoholism has affected the economy where it was estimated the rate of alcohol dependence and abuse cost the US economy approximately 270billion dollars per year.

In Asian nations such as Japan Alcohol abuse became social concern.

The studies done by the World Health Organization (WHO) in 2015 estimates 76 Million people worldwide suffer from alcohol related disorders. The prevalence of the illness varies in different countries.

A study in Canada estimated 4 percent people aged 15 plus are alcohol dependent and the number of male alcohol lies doubles that of female. And the highest rate of illness occurs in them due to alcohol related causes.

According to Van Hasset, R. L. Morissin A. S. Bellack and M Hersen.

## **2.7 Study Gaps**

In the above studies, I realized that most of these researchers focused in the level and the percentage of drunkards but gave less attention to finding out how to reduce the rate. However according to mine I would focus while looking how he should reduce the rate of alcoholics in Uganda.

The study made in New York looked at how much the economy is affected by Alcohol and drugs as well in Uganda but in Uganda we should look at how to change the economy and restrict it from being most affected by Alcohol and drugs in the country.



While in Asia the study shows that alcohol became a social problem, however, it may be the same in Uganda but we would want the measures to be put in work so as to show immediate changes.

## CHAPTER THREE

### METHODOLOGY

#### 3.1. Introduction

This chapter explained the methods that the researcher used to select the geographical areas, from which it was carried out and methods of selection of respondents.

Also this chapter puts forwards and describes how the research was conducted and the reasons why such methods were chosen. These methods were used to collect data upon which findings, the interpretations, and conclusion were made.

#### 3.2. Research design

The researcher employed descriptive design with both quantitative and qualitative methods in gathering and compiling data. It employed both two methods because it aimed at establishing the effectiveness of credit services in poverty alleviation, impact of microfinance on poverty reduction and establish relationship between the microfinance institutions and rural poverty.

#### 3.3. Population of study

The populations of the research considered local councilors, key informants, community members, civil servants. A total of 100 was population considered, out of which 60 made up a purposeful sample which was of great importance to the researcher.

**Table 1: Showing distribution of respondents (Target Population)**

Types of respondents	Target Population	Sample Size
Local councilors	22	20
Key informants	8	6
Community members	32	30
Civil servants	12	6
<b>Total</b>	<b>74</b>	<b>62</b>

### 3.4. Sample size and selection

A target population of 74 respondents was selected randomly from the population of the study. From the target population of 74. The sample size was got by using Slovene's formula as shown below.

$$\text{Solven's formula; } n = \frac{N}{1 + N(e)^2}$$

Where:

n= Unknown sample size –

N = Total population of the study

(e) = level of significance = 0.05 = constant

$$n = \frac{74}{1 + 74(0.05)^2}$$

$$n = \frac{74}{1 + (74 \times 0.0025)}$$

$$n = \frac{74}{1 + 0.185}$$

$$n = \frac{74}{1.185}$$

n = 62 respondents

### 3.5. Instruments of Data collection

Data was collected from both primary and secondary sources. The primary source provided firsthand information from respondents through interviews, questionnaires and observation, while the secondary source provided second hand data from the available agency records.

### **Questionnaires.**

This was in form of preformatted set of written questions whereby considered respondents filled them. This technique helped to collect primary data through a survey based on self-administered structured questions with both open and closed questions. The purpose of using questionnaires was to get fast hand information

### **Interviews.**

The use of interviews was of a great importance to the researcher. It targeted all respondents considered including managers, supervisors, clients, field agents and employees. The researcher explained the importance of the research to the respondents face to face. This gave them chance to ask questions and seek answers.

### **Secondary data**

The researcher further used documentary review to gather data for the study. In this method, the researcher reviewed both the published and unpublished literature from different texts and agency records from K.1.U library, and internet.

### **3.6. Data analysis and processing**

The data collected was analyzed using computer by way of descriptive statistics such as percentages and tables. Data processing and analysis was based on the following methods

#### **Editing**

This process was carried out to ensure that the information given by the respondents was accurate and consistent. This was done by researcher, in this respect every questionnaire that come from the field was scrutinized, through cross checking wrong entries and standardizing the information while checking on the omission and inconsistencies.

#### **Coding**

This involved translating edited response into numerical figure or terms. Coding was considered as a process or classification by the researcher in preparation of tabulation. A complete coding

schedule was done to ensure that various responses was obtained and was classified into meaning forms so as to bring out those essential.

### **3.7 Validity and Reliability of Instruments**

#### **3.7.1 Validity**

According to Moser and Kalton (1971), validity is the success of a scale in measuring what it was set out to measure so that differences in individual scores can be taken as representing true differences in characteristics under study. The researcher consulted statistical specialists and his supervisor to ensure the relevance and suitability of the content in the questionnaire would provide coverage of the objectives of the study.

#### **3.7.2 Reliability**

Reliability is a measure of the degree to which a research instrument yielded consistent results after repeated trials. According to Christensen (1988), reliability refers to consistency and stability in measurements. To establish the reliability of the questionnaire, the researcher used the methods of expert judgment (supervisor and colleagues) and pre-test in order to test and improve the reliability of the questionnaire. The respondents of the pre-test are not the study participants but the bank employees who provide relevant and updated information on the influence of alcoholism on agricultural performance.

### **3.8. Limitations**

The study involved a high and heavy financial expenditure which might exceed the budgeted expenditure.

The time allocated to the study was limited to allow the researcher to comprehensively exhaust the study. However, the researcher endeavored to satisfactorily conduct the study and have the report in time needed.

The researcher faced it difficult to access the respondents especially the managers in providing the Ethical information that can facilitate the study.

The respondents refuse to provide all the data requested for and some of the documents requested for might not be availed to the researcher.

## CHAPTER FOUR

### DATA PRESENTATION, ANALYSIS, INTERPRETATION OF THE DATA

#### 4.0 Introduction

This covered data pretention, data analysis, and interpretation of the data according to collected questionnaires responded by the respondents.

#### 4.1 Demographic background of the respondents

**Table 2: Sex of the respondents**

Sex of the respondents	Frequency	Percentage
Male	36	58
Female	26	41.9
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows the sex of the respondent, majority of the them were male with greater percentage of 58% whereas female constituted 41% of the respondents. This implied the male respondents were the majority as shown in the table above.

**Table 3: Age bracket of the respondents**

Age bracket	Frequency	Percentage
18-25	12	19.4
26-35	9	14.5
36-45	11	17.7
46-55	10	16
56-65	6	9.6
66 and above	4	6.5
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows the age bracket of the respondents, 19.4 were in between 18-25 years, 14.5% were in between 26-35 years, 17.7 were in between 36-45 years, 16 % were in 46-55 years , 9.6% were in 56-65 years and 6.5 were in 66 and above years. This implied that most of the respondents were in between 18-25 years of age. This can be true because Uganda population is constituted by young people who are the majority according to the UBOS statistics of 2014.

**Table 4: Marital status of the respondents**

Marital status	Frequency	Percentage
Single	26	41.9
Married	16	25
Divorced	7	12
Widowed	3	4.8
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows the marital status of the respondents, 41.9% were single, 25% were married, 12% were divorced and 4.8 were widowed, this implied that most of the respondents were single with majority of the respondent with 41.9%.

**Table 5: Education background of the respondents**

Education background	Frequency	Percentage
Primary	26	41.9
Secondary	16	25
Tertiary	10	16
University	10	16
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows the education background of the respondents, 41.9% had completed at least primary level, 25% had reached secondary level, and 16% had both reached tertiary and university level. The findings indicated that most of the respondents had reached primary level.

**Table 6: Nature of the job of the respondents**

Nature of the job	Frequency	Percentage
Peasant	30	48
Self employed	12	19.4
Civil servant	12	19.4
Local council	8	12.9
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows the nature of the job of the respondents, 48% of the respondents were peasants, 19.4% were both self-employed and civil servants and 12.9% were local councils. This implied that most of the respondents were peasants in Amolatar.

#### **4.2 The causes of alcoholism on agricultural performance**

**Table 7: Availability of income to purchase alcoholics**

Response	Frequency	Percentage
Agree	32	51.6
Strongly agree	20	32
Not sure	0	0
Disagree	6	9.6
Strongly disagree	4	6.5
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether Availability of income to purchase alcoholics, 51.6% agreed on the statement, 32% strongly agreed, none of them was not sure of the statement , 9.6% of the respondents disagreed, and 6.5% of the respondents strongly disagreed. This implied that majority of the respondents take alcohol due to Availability of income to purchase alcoholics.



**Table 8: Peer influence makes them to take alcohol**

Response	Frequency	Percentage
Agree	30	48.4
Strongly agree	22	35.5
Not sure	1	1.6
Disagree	8	12.9
Strongly disagree	1	1.6
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether Peer influence makes them to take alcohol, 48.4% of the respondents agreed on the statement, 35.5% strongly agreed on the statement, 1.6 were not sure of the statement, 12.9% disagreed, and 1.6 also strongly disagreed. This implied most of the respondents agreed on the statement with the highest number of the respondents agreeing on the statement 48.4%.

**Table 9: Sometimes I take alcohol to kill boredom**

Response	Frequency	Percentage
Agree	25	40
Strongly agree	20	32
Not sure	0	0
Disagree	15	24
Strongly disagree	2	3.2
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether sometimes I take alcohol to kill boredom, most of the respondents agreed with the statement 40%, 32% strongly agreed, none of them was not sure, 24% were disagreeing with statement, 3.2 strongly disagreed on the statement.

**Table 10: When I take alcohol I feel stress free**

Response	Frequency	Percentage
Agree	20	32
Strongly agree	22	35.5
Not sure	5	8
Disagree	15	24
Strongly disagree	2	3.2
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether they take alcohol in order feel free from stress, 32% agreed, 35.5% strongly agreed, 8% were not sure, 24% disagreed, 3.2% strongly disagreed with the statement.

**Table 11: Sometimes I take alcohol in order to pass with my friends**

Response	Frequency	Percentage
Agree	30	48.4
Strongly agree	22	35.5
Not sure	2	3.2
Disagree	2	3.2
Strongly disagree	6	9.6
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether sometimes they take alcohol in order to pass with their friends, 48.4% of the respondents agreed with the highest percentage , 35.5 strongly agreed , 3.2% were both not sure and disagreed on the statement whereas 9.6 % strongly disagreed.

### 4.3 Effects of alcoholism on agricultural performance

**Table 12: It has increased poverty levels among the local people in the community**

Response	Frequency	Percentage
Agree	30	48
Strongly agree	18	29
Not sure	0	0
Disagree	4	6.5
Strongly disagree	10	16
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows responses on whether alcoholism has increased poverty levels among the local people in the community, 48% Agreed on the statement, 29% strongly agreed, none was not sure, 6.5% were disagreeing with the statement, 16% strongly disagreed. This implied that most of the respondents agreed that alcoholism has increased poverty levels among the local people in the community with the highest percentage of 48%.

**Table 13: It has discouraged most people from participating from agricultural activities**

Response	Frequency	Percentage
Agree	8	12.9
Strongly agree	35	54.5
Not sure	5	8
Disagree	4	6.5
Strongly disagree	10	16
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows responses on whether alcoholism has discouraged most people from participating from agricultural activities, 12.9% agreed on the statement, 54.5% strongly disagreed, 8% were not sure, 6.5% disagreed, and 16% strongly disagreed. This implied that

most of the respondents strongly agreed that alcoholism has discouraged most people from participating from agricultural activities.

**Table 14: Some people have acquired HIV/AIDs when they get drunk they tend to demand sex**

Response	Frequency	Percentage
Agree	26	41.9
Strongly agree	16	25
Not sure	1	1.6
Disagree	15	24
Strongly disagree	4	6.5
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: primary data 2017**

The table above shows responses on whether some people have acquired HIV/AIDs when they get drunk they tend to demand sex , 41.9 agreed on the stamen , 25% strongly agreed, 1.6% were not sure , 24% disagreed and 6.5% strongly disagreed with the statement. This implied that most of the respondents agreed some people have acquired HIV/AIDs when they get drunk they tend to demand sex with the highest number of the respondent agreeing 41.9%.

**Table 15: Many families have been affected by famine**

Response	Frequency	Percentage
Agree	42	67.7
Strongly agree	10	16
Not sure	0	0
Disagree	5	8
Strongly disagree	5	8
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows responses on whether many families have been affected by famine, 67.7% agreed with statement, 16% strongly agreed, none of them of them was not sure, 8% both strongly disagreed and disagreed on the statement. This implied that most of the respondents agreed with the statement indicating 67.7% with the highest percentage.

**Table 16: Low lifespan due to high consumption of alcohol**

Response	Frequency	Percentage
Agree	20	32
Strongly agree	25	40
Not sure	5	8
Disagree	10	16
Strongly disagree	2	3.2
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows responses on whether alcoholism has contributed to Low lifespan due to high consumption of alcohol, most of the respondents strongly agreed on the statement, 20% agreed, 8% were not sure of the statement, 16% were disagreeing with the statement and last but not least 3.2% strongly disagreed.

**Table 17: Many have got accidents and can no longer do agricultural activities**

Response	Frequency	Percentage
Agree	10	16
Strongly agree	12	19.4
Not sure	5	8
Disagree	15	24
Strongly disagree	20	32
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows responses on whether many have got accidents and can no longer do agricultural activities, most of the respondents disagreed with the statement with the highest percentage of 32%, 16 agreed on the statement, 19.4 strongly agreed, 8% were not sure, 24% disagreed on the statement.

#### 4.4 Policies put in place to reduce alcohol consumption

**Table 18: The government and other authorizes should rehabilitate alcohol addicts so that they can participate in agricultural activities.**

Response	Frequency	Percentage
Agree	32	51.6
Strongly agree	20	32
Not sure	0	0
Disagree	6	9.6
Strongly disagree	4	6.5
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether the government and other authorizes should rehabilitate alcohol addicts so that they can participate in agricultural activities, 51.6% agreed on the statement, 32% strongly agreed, none of them was not sure of the statement , 9.6% of the respondents disagreed, and 6.5% of the respondents strongly disagreed. This implied that majority of the respondents recommend the government and other authorities to rehabilitate alcohol addicts so that they can participate in agricultural activities.

**Table 19: The government should regulate the time when people should starting drinking**

Response	Frequency	Percentage
Agree	30	48.4
Strongly agree	22	35.5
Not sure	1	1.6
Disagree	8	12.9
Strongly disagree	1	1.6
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether the government should regulate the time when people should starting drinking, 48.4% of the respondents agreed on the statement, 35.5% strongly agreed on the statement, 1.6 were not sure of the statement, 12.9% disagreed, and 1.6 also strongly disagreed. This implied most of the respondents agreed on the statement with the highest number of the respondents agreeing on the statement 48.4%.

**Table 20: Sensitization of the population on the dangers of taking alcohol without being responsible**

Response	Frequency	Percentage
Agree	25	40
Strongly agree	20	32
Not sure	0	0
Disagree	15	24
Strongly disagree	2	3.2
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether Sensitization of the population on the dangers of taking alcohol without being responsible, most of the respondents agreed with the statement 40%, 32% strongly agreed, none of them was not sure, 24% were disagreeing with statement, 3.2 strongly disagreed on the statement.

**Table 21: Provision of strict laws on regarding alcohol consumption so as to reduce it**

Response	Frequency	Percentage
Agree	20	32
Strongly agree	22	35.5
Not sure	5	8
Disagree	15	24
Strongly disagree	2	3.2
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether Provision of strict laws on regarding alcohol consumption so as to reduce it, 32% agreed, 35.5% strongly agreed , 8% were not sure, 24% disagreed , 3.2% strongly disagreed with the statement.

**Table 22: Sometimes it's good for the government put high taxes on alcohol traders so as to reduce its consumption and production**

Response	Frequency	Percentage
Agree	30	48.4
Strongly agree	22	35.5
Not sure	2	3.2
Disagree	2	3.2
Strongly disagree	6	9.6
<b>Total</b>	<b>62</b>	<b>100</b>

**Source: Primary Data 2017**

The table above shows response on whether sometimes it's good for the government put high taxes on alcohol traders so as to reduce its consumption and production, 48.4% of the respondents agreed with the highest percentage , 35.5 strongly agreed , 3.2% were both not sure and disagreed on the statement whereas 9.6 % strongly disagreed.



## **CHAPTER FIVE**

### **CONCLUSION, RECOMMENDATION AND AREAS FOR FURTHER STUDIES**

#### **5.0 Introduction**

This chapter covers conclusion of the findings, recommendations for the community members, government and other concerned authorities, and areas for further studies recommended by the researcher.

#### **5.1 Conclusion**

##### **5.1.1 Causes of alcoholism**

Scientists have explored the chemical action of alcohol among both normal individuals and individuals who suffer from alcohol-use disorders, particularly alcohol dependence. Some studies suggest that some people may have a physical trait that enables them to drink large quantities of alcohol before feeling its intoxicating effects. Among the common causes of alcoholism were among the following; Peer influence; Sometimes they take alcohol in order to pass with their friends; Sometimes they take alcohol to kill boredom ; To feel stress free; Availability of income to purchase alcoholics.

##### **5.1.2 Effects of alcoholism on agricultural performance**

While the alcohol consumption of men featured more dominantly in interview participant's discussion, it may be the case that the male dominated nature of the farm sector renders the drinking of women less visible. The most challenging aspect relating to possible future interventions in this study is the dilemma between the critical importance of opportunities for social interaction, coupled with the fact that alcohol is so deeply entrenched and associated with social interaction. The less visible subculture of illicit drug use requires further exploration, and there is also a need to consider campaigns relating to substances such as energy drinks and over the counter stimulants which some people may be using as a substitute for alcohol.

The findings shows that much people have been affected by alcohol consumption. Most effects have been negative in nature. Among which include the following; Many have got accidents and

can no longer do agricultural activities; Low lifespan due to high consumption of alcohol; Many families have been affected by famine; Some people have acquired HIV/AIDs when they get drunk they tend to demand sex; It discourage most people participating in agricultural activities and It has increased poverty levels among the local people in the community.

Conclusively, agriculture comprises the main fields of human activity concerning the primary production of food and cash crops, livestock, fishing, forestry and marketing of the products. The role of agriculture in any economy is very well articulated in the relevant literature. For developing countries, it can promote economic development by increasing availability of food and releasing labour for the industries. It can expand the size of the domestic market for industrial goods. It raises the level of savings and capital formation while also earning foreign exchange from exports. In the case of Uganda, the agricultural sector has also generated development capital, revenue for the government, employment for labour because economic activities are still predominantly agricultural, especially in the rural areas. Indeed, as observed in some quarters, the country received its principal stimulus for growth from agriculture in the recent years. Moreover, it was self-sufficient in food production

### **5.1.3 Possible solutions**

For some alcoholics, treatment begins with detoxification, which safely rids the patient's body of alcohol while treating any physical complications that develop from severe withdrawal symptoms, such as delirium tremens. Detoxification normally requires less than a week, during which time patients usually stay in a specialized residential treatment facility or a separate unit within a general or psychiatric hospital. These facilities also offer extended treatment programs to help alcoholics in their recovery effort.

Recovery also may involve individual counseling and group therapy to help a person who is alcohol dependent adapt to a new way of life, one that is not driven by alcohol. The National Council on Alcoholism and Drug Dependence (NCADD) has affiliates in many cities that help people who are alcohol dependent find appropriate treatment programs. Many public mental hospitals and Veterans Administration hospitals, as well as private clinics and hospitals, treat alcohol dependence. Sometimes the government should put high taxes on alcohol traders so as to reduce its consumption and production; Provision of strict laws on regarding alcohol

consumption so as to reduce it; Sensitization of the populace on the dangers of taking alcohol without being responsible; The government should regulate the time when people should start drinking; The government and other authorities should rehabilitate alcohol addicts so that they can participate in agricultural activities.

In conclusion this study set out to explore people's views on the subject of alcohol's role in their agricultural production and performance. It involved in-depth interviews with 20 women who suffered poverty and famine from their families. Its primary finding is that the people in this study do not blame alcohol for their families but also some other factors beyond their capacity not the alcohol, responsible.

Furthermore, although the both men and women recognized that alcohol has disinhibiting effects, they also recognized that these effects alone are insufficient to explain their partner's violence and abuse of them. It was apparent that the people's experiences continued to be psychologically painful to them, yet they demonstrated great courage in facing this pain and acknowledging their partners had choices in how they behaved. Although these alcohol addicts offered many factors that could influence their partner's choices, including quantities of alcohol, they firmly believed that the responsibility for the men's choice to be violent and abusive remained with the men.

It is also apparent that both substance use and domestic violence agencies must acknowledge the impact of the "other" issue if they are to adequately support women, work with perpetrators, and not put women at further risk of alcohol-related

## **5.2 Recommendation**

**Introduction and popularization of good agricultural practices (GAP):** The new Agriculture Policy calls for development and implementation protocols for Good Agricultural Practices. The four pillars of GAP are: economic viability, environmental sustainability, social acceptability and food safety and quality. Research and extension system will work jointly to promote the process, i.e. the NARS institutes and DAE along with DAM will ensure popularization and adoption of GAP.

Finally, agencies providing services to women with these dual issues need to reconsider their admission procedures and the potential need to fast track women to services without the normal waiting list procedures. As this study and previous research suggest, there is a higher risk to the

woman's physical safety if she is living with a partner who is drinking and being violent. Furthermore, such violence and abuse may increase her own drinking, putting her at further risk. Fast tracking access to services under these circumstances can be justified on the basis of the immediate risk living with a violent partner poses to the woman's safety, the safety of any children, and the potential risk to her health from increased alcohol use. The opportunity to intervene at this time of crisis needs to be taken rather than missed because of the challenges this presents in terms of agency admission or waiting list policies.

**Formulate a National Policy Agenda.** Governments will need to create a national policy agenda on food security and income generation of the rural poor. A national policy agenda would include actions: (1) to re-prioritize agricultural extension and information services as part of a national multi-sectoral integrated food security network; (2) to plan and budget for pluralizing and strengthening agricultural extension/communication systems by allocating funds for institutional and management reorganization (including organizational development training, integrated monitoring and evaluation systems), and human resource development at all levels; and (3) to review and respond to the training needs of those agencies and organizations willing to cooperate in responding more keenly to the food security challenge.

**Establish Alliances with all Sectors.** A national policy agenda would seek to establish alliances with all sectors in effort to develop programmes for food security and income generation among the rural poor. A rural agricultural extension/communication<sup>27</sup> strategy embraces issues that include but go beyond those of production and access to food, thereby requiring linkages and collaborative efforts with other organizations, public and private, concerned with other, related basic human needs such as health, sanitation, and employment.

**Review Decentralization Options.** In developing a new and expanded policy for agricultural extension/communication for rural development, governments may review the decentralization options analyzed in section one of this paper. In exploring options to decentralizing agricultural extension activities, the outcome sought would be one or a combination of the following: (a) greater authority shared with sub-government, (b) subsidiarity to community based organizations, and/or (3) enhanced partnerships with NGOs and private sector.

**Community-driven development funds offer an opportunity for funding extension for agricultural as well as related activities aimed at rural development.** Donors and some governments now provide a large share of support to agriculture through these funds. The process operates as follows: extension micro-projects at the community level are identified through participatory diagnosis involving agriculture staff and approved at that level by a selection committee with a majority of producers' representatives. Producer organizations contract the necessary technical expertise to prepare the micro-projects and implement them with some co-financing from users (Collion and Rondot 2001).

**Create Social Safety Nets.** In addition to promoting farm related, income-generating activities with the help of agricultural extension services, government must consider the plight of those who for whatever reason cannot support themselves, either by farming or other enterprise. These are the rural poor who either temporarily or permanently lack resources to either feed themselves or acquire the money to access food. Some may simply lack the potential for producing marketable surpluses. Others may have suffered losses for reasons due to changes in market prices, or lack of markets. Many are otherwise incapacitated, individually or because of poor land resources. These people require public sector safety nets. Some may require assistance during and following natural disasters.

**Promote Management for Change.** To promote the new and expanded policy on extension and food security and the determinations instituted by the nationwide platform, governments will need to promote management for change.

Two sequential management actions are required in developing new partnerships. The first is within organizations themselves, and involves an internal strategic management paradigm for change. The second step in a participatory management action involves working directly with communities in an adult education modality, for example the Farmer Field Schools programme (FFS) that fosters participation in decision-making and promotes client determination of programme goals.

**Develop Leaders** Poor leadership is a serious problem. Organizations work the way they do because of the way people work in these organizations, and often enough the way they work is a

reflection of their leadership (Heaver 1982). People expect leaders to show personal commitment to the organization's vision and provide conceptual clarification as to the direction of the organization - where are we going and why! To be truly effective, leadership involves all leaders - not only executive leaders, but also networkers (frontline workers, in-house consultants, trainers, and professional staff who spread ideas throughout and outside the organization) and local line leaders (branch managers, project team leaders, and other frontline performers). All have an essential role in bringing about development.

### **5.3 Areas for further studies**

The researcher further recommends the following areas of the study to be conducted by other researchers in the nearby future

What the major contributors of famine in Uganda current years

Why has agricultural outputs gone down in Uganda's economy

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## **APPENDICIES**

### **APPENDIX I .The cover letter sent to the questionnaire respondents.**

Dear Respondent,

This letter is an introduction to the main reason as to why your participation in this questionnaire is required.

This study is a research study on the research Report title impact of alcoholism on agricultural performance. It is in partial fulfillment of one of the requirements for the attainment of the award of the bachelor's degree in development studies from Kampala international University College of humanities and social science from where I am currently taking on my studies.

As a representative of your company, your views are of importance in my study and I would appreciate you responding to this questionnaire. This is purely for academic purpose and your response will be kept confidential and anonymous.

Thank you for your time, co-operation and contribution to my study. I shall be pleased to send you a copy of the findings of the study if you desire so.

Yours faithfully,

Omeja Fred

## APPENDIX: II: QUESTIONNAIRE

Background of staff

Sex of the respondents

Male ☐

Female ☐

Age bracket of the respondent

18-25 ☐

26-35 ☐

36-45 ☐

46-55 ☐

56-59 ☐

60 and above ☐

Marital status of the respondents

Single ☐

Married ☐

Divorced ☐

Widowed ☐

Separated ☐

Education background of the respondents

Primary ☐

Secondary ☐

Tertiary ☐

University ☐

Nature of the job of the respondents

Peasant ☐

Self employed ☐

Civil servant ☐

Local council ☐

Cause of alcoholism

Kindly tick in the box provided below

1. Agree ☐ 2. Strongly Agree ☐ 3. Not Sure ☐

4. Disagree ☐ 5. Strongly Disagree ☐

statement	A	SA	NS	D	SD
Availability of income to purchase alcoholics					
Peer influence					
Sometimes I take alcohol to kill boredom					
When I take alcohol I feel stress free					
Sometimes I take alcohol in order to pass with my friends					

Effects of alcoholism on agricultural performance

Kindly tick in the box provided below

2. Agree ☐ 2. Strongly Agree ☐ 3. Not Sure ☐

4. Disagree ☐ 5. Strongly Disagree ☐

	A	SA	NS	D	SD
It has increased poverty levels among the local people in the community					
It discourage most people participating in agricultural activities					
Some people have acquired HIV/AIDs when they get drunk they tend to demand sex					
Many families have been affected by famine					
Low lifespan due to high consumption of alcohol					
Many have got accidents and can no longer do agricultural activities					

#### Policies put in place to reduce alcohol consumption

Kindly tick in the box provided below

1. Agree ☐ 2. Strongly Agree ☐ 3. Not Sure ☐
4. Disagree ☐ 5. Strongly Disagree ☐

Statement	A	SA	NS	D	SD
The government and other authorities should rehabilitate alcohol addicts so that they can participate in agricultural activities.					
The government should regulate the time when people should start drinking					
Sensitization of the populace on the dangers of taking alcohol without being responsible					
Provision of strict laws on regarding alcohol consumption so					

as to reduce it					
Sometimes the government should put high taxes on alcohol traders so as to reduce its consumption and production					



### APPENDIX III: TIME FRAME

Activities	September 2016	May 2017	September 2017
Pilot study			
Proposal preparation			
Proposal correction			
Proposal submission			
Data collection			
Report correction			
Submission of final copy			

### APPENDIX III: PROPOSED BUDGET

N0	Particulars	Quantity	Amount UG Shs
	Stationery		
	Ream of paper	1	15,000
	Pens	5	2,500
	Clipboard	1	3,000
	Flash disk	8GB	40,000
2	Photocopy		90,000
	Binding	3	21,000
	Typing and printing		50,000
	Transport		150,000
	Accommodation		<b>671,500</b>



# KAMPALA INTERNATIONAL UNIVERSITY

## COLLEGE OF HUMANITIES AND SOCIALSCIENCES

### COMPLIANCE REPORT

**Topic:** Parenting and Students' Social Behavior in Public Secondary Schools in Makindye Division, Kampala Uganda

**Name of Candidate:** Kwagala Persis

**Reg/No:** MCP/46413/151/DU

Chapter	Examiners' Comments	Corrections
<b>One [Background]</b>		
The Background	The background was not exhaustive	The candidate exhausted the conceptual, contextual and theoretical background to support the study.
Conceptual perspective Pg.3-4	Some variables such as single, dual and custodial parenting were not introduced thus weakening the research	The candidate defined the said variables to elaborate their meanings to the reader
Time scope Pg.7	Time scope should show the period of the study topic not the time frame of the study	The candidate adjusted the time scope to be 2 years, that is, from 2014-2016.
<b>Two [Literature Review]</b>	Ok	
<b>Three [Methodology]</b>		
Research design Pg.32	The research design-mixed method research was not convincing	The candidate changed it to explanatory sequential mixed methods research design.
Study population	The study population is not specific; the candidate did not give reason for the choice of the target population.	The candidate specified and differentiated the study population from the target population and from the

		sample size.
<b>Four [Findings]</b>		
Pg.41-59	Primary data source is 2017, one would wonder when was the proposal done, data collected, interpreted and thesis written.	The candidate changed the data source to 2016.
<b>Five [Discussion]</b>		
Discussion Pg.66-71	The discussion is not comprehensive and is short of enough evidence of research and scientific study	The candidate added more literature to discuss the findings
Conclusion Pg. 71-72	Conclusion is not exhaustive	The candidate improved the conclusion
Recommendations Pg.73-74	Recommendations need improvement	The candidate improved the recommendations in accordance to the findings.

Candidate: Kwagala Pessie Date: 12/05/17

University Supervisor:  Date: 12/05/17

Dr. Richard Asaba