

Assessing the Effects of Alcohol on the Families of the Community Surrounding Rukungiri Health Centre IV

Ahabwe, Jonnat

Faculty of Nursing Sciences Kampala International University Western Campus Uganda.

ABSTRACT

The Global Status Report revealed that disease burden as measured by disability-adjusted life years (DALYs) attributed to alcohol and drug use as being significantly higher in America and Europe. However, the overall disease burden attributable to alcoholism is not insignificant and evidence suggests that alcohol-related problems will continue more to the overall disease burden over time. The general objective of the study is to assess the effects of alcohol on the families and communities surrounding the Rukungiri health centre in the Rukungiri district. However, there are specific objectives for example: To establish whether poverty is due to alcohol in the families and community surrounding the Rukungiri health centre in the Rukungiri district, Quantitative data from the questionnaires were analyzed by using Microsoft Excel, figures and tables while qualitative data was analyzed through coding, describing and relating with the findings. All the above data was interpreted to give meaningful information. According to the results from the table. The majority of the respondents were males 40 (83%) and the least respondents were females 8(17%). The majority of the respondents were aged between 27- 40 (52%) and the least were aged between 18-26 (6%). The majority of the respondents were married 35 (73%) and the least were divorced 2(4%). The majority of the respondents stopped at the primary level 20 (42%) and the least respondents didn't go to the University 0(0%). The majority of the respondents were peasants 33(69%) and the least were the unemployed 2 (4%). Most respondents were from the catholic religion 24(50%) and the least were from other religions (Muslims and protestants). The majority of the respondents strongly agreed that alcohol consumption affect productivity of the family 26(54.2%) and the least respondents disagreed 0(0%). In conclusion, harsh economic conditions are responsible for alcohol abuse. Also the availability and the low cost of alcohol have led to alcohol abuse.

Keywords: Alcoholism, Families, Males, Females, Catholic religions.

INTRODUCTION

The Global Status Report [1] revealed that disease burdens as measured by disability-adjusted life years (DALYs) attributed to alcohol and drug use as being significantly higher in America and Europe. However, the overall disease burden attributable to alcoholism is not insignificant and evidence suggests that alcohol-related problems will continue more to the overall disease burden over time [2, 3, 4]. Variations in socio-cultural contexts, as well as policies related to drugs and alcohol production, sale and consumption, may also lead to a wide diversity in alcohol

consumption within the region for example: in Malawi, the sale of alcoholic beverages to children under age 18 years is prohibited where Burkinafaso and Ghana have no age limits for the purchase of alcohol [5, 6]. The [7], estimates that there are about 2 billion people worldwide that consume alcohol. Of the 2 billion, approximately 76.3 have a diagnosable alcohol disorder, such as excessive drinking and alcohol dependence. Worldwide, adults (age 15 years and older) consume on average 5 litres of pure alcohol from beer, wine and spirits every

year. For the African region, the adults (15 years and older) consumption of alcohol is about 4 litres of pure alcohol each year. and this is due to the policies related to drug and alcohol production, sale and consumption which led to a wide diversity of alcohol consumption in Africa [8, 9,10,11]. For example, in Malawi, the sale of alcoholic beverages to children under age 18 is prohibited whereas in Burkina Faso and Ghana have no age limit for the purchase of alcohol. In a study of alcoholism in a crowded slum area of Nairobi, [12] found an astonishing alcoholism:46% of males and 24% Of females could be classified as alcoholics according to the criteria of the World Health Organization and Experts Committee on Mental Health 2007. Due to the high prevalence of alcohol abuse in the country, the government enacted the Alcohol Control Act in 2010 [13]. In spite of the availability of evidence which justifies the significance of making alcohol consumption illegal, especially among juveniles as well as the existence of policy pronouncements which make alcohol consumption illegal, the Government of Uganda through its local council system and police has launched several strategies to fight against alcohol in the community but the little impact has been realized in the area. None Government Organizations (NGOs), Faith Based Organizations (FBOS) and Civil Society Organizations (CSOS) have also intensively reacted to the problem of alcohol consumption in the community, but a lot is left to be desired. The families in Rugarama village Rukungiri Municipality are still found in bars and other drinking places, although Government and NGOs have tried to campaign against this habit by setting strict laws to fight the problem.

Statement of Problem

Globally, there has been an increase in alcohol consumption in many developing and developed countries. For example, in the United States of America, most adults consume almost 1.67 litres of pure alcohol per capita [7]. According to the [7], estimate that there are about 2 billion people worldwide that consume alcohol. Of the 2 billion, approximately 76.3 have a

diagnosable alcohol use disorder, such as excessive drinking and alcohol dependence. Worldwide, adults (age 15 years and older) consume an average of 5 litres of pure alcohol from beer, wine and spirits every year. Alcohol is a depressant drug, it's probably the most abused drug in Uganda and the whole world [7]. In Uganda alcohol is illegally taken by people under 18 years of age. The government of Uganda has launched several strategies to fight against excessive alcohol in take-in communities through police, Community-based organizations, and non-governmental organizations but little impact has been realized. However, in Rukungiri village, Rukungiri Municipality, families are still found in bars and other drinking place despite the government's efforts against this practice. This is evident from the report of the District Director of Health Services (DDHS) in Rukungiri District (2009) which supports that alcoholism has been an issue of concern for many decades in the families in the area of Rukungiri. This has prompted the researcher to conduct a study to assess the effects of alcohol consumption among the youth on family welfare in Rukungiri Municipality.

Significance of the study

- The study will contribute to the already existing data or knowledge on consequences related to alcohol consumption in families.
- The research findings were to help policymakers and implementers of the laws in the community and the government at large to identify and formulate policies that would enable the youth and other victims of alcoholic families to reduce the rate of alcohol consumption so as to improve their families for proper and meaningful development in the community and the society at large.
- The research findings will help Parents and the community to monitor their children since policies had been formulated in order to reduce alcohol consumption among the youth to reform from taking alcohol and

acquire good behaviour. This would reduce the rate of crimes committed under the influence of alcohol.

- The study was to create a base for other researchers in the area of alcohol consumption among the youth on family welfare hence drawing meaningful plans to mitigate the effects of alcohol in their families.

Aim of the study

The general objective of the study is to assess the effects of alcohol on the families and communities surrounding Rukungiri health centre IV in the Rukungiri district.

Specific Objectives

- To establish whether poverty is due to alcohol in the families and community surrounding Rukungiri health centre IV Rukungiri district.

- To examine whether domestic violence is due to alcohol on the families and community surrounding Rukungiri health centre IV Rukungiri district.
- To examine whether poor health due to alcohol on the families and community surrounding Rukungiri health centre IV Rukungiri district.

Research questions

- ✚ How does poverty due to alcohol affect the families and community surrounding Rukungiri health centre IV Rukungiri district?
- ✚ How does domestic violence due to alcohol affect the families and community surrounding Rukungiri health centre IV Rukungiri district?
- ✚ How does poor health due to alcohol affect the families and community surrounding Rukungiri health centre IV Rukungiri district?

METHODOLOGY

Study Design

The study used a descriptive cross-sectional design and employed both qualitative and quantitative methods of data collection [14]. The study was concerned with assessing the effects of alcoholism on families and communities surrounding Rukungiri health centre IV Rukungiri district and such issues were best investigated through the descriptive cross-sectional design. The rationale for using a sectional cross-descriptive design was to allow data to be obtained only on first contact with the respondents and no follow-up was made since it required a short period of time for data collection.

Area of Study

The study was carried out in Rukungiri Health Centre IV which is located in Rukungiri Town Rukungiri Sub- County Rukungiri Municipality and it is bordered by and in the north Rukungiri in the East, Rwakabingo in the south, and Rukungiri town in the west and the study was centred on effects of alcohol on family and community surrounding Rukungiri Health Centre IV in Rukungiri Municipality.

The population of the study

The area is composed of 4 (villages) whose population is 10,000 households these are

Kibingo, Hindi, Rwakabingo A, Rwakabingo B and Kashitoma villages. The researcher targeted the following categories of respondents; household heads, and local leaders from one village whose sample size is 48 which will represent the whole population. The researcher will therefore target the population of Rukungiri Municipality of both males and females between 16- 45 and above years. Key informant respondents were the town clerk of Rukungiri Sub County, the Community Development officer and the community health workers.

Sample Size Determination

$$N = \left(\frac{z^2 pq}{d^2} \right)$$

N=desired number

The standard normal deviation is usually set at 1.96 maximum sample size at a 95% confidence level. P=population of the target population estimated to have similar characteristics if there is no measurable estimate, we use 50% (constant) or 0.5. Therefore, Q is standardized 1.0-P=0.5 d=The degree of accuracy desired 0.05 or 5%

$$n = \left(\frac{z^2 pq}{d^2} \right)$$

$$n = \frac{1.96^2 * 0.5 * 0.5}{0.05^2}$$

www.idosr.org

n=384.16

Since my sample population n was less than 10000

Equation 2: Target population of less than 10000

Total population=55

$$nf = \left(\frac{n}{1 + \frac{n}{N}} \right)$$

$$nf = \frac{384.16}{1 + \frac{384.16}{55}}$$

nf=48 respondents

Sampling Procedure

The study made use of both purposive and simple random sampling during the process of data collection. Purposive sampling, also known as judgmental, selective or subjective sampling, is a type of non-probability sampling technique. Non-probability sampling focuses on sampling techniques where the units that are investigated are based on the judgment of the researcher. Purposive sampling relies on the judgment of the researcher when it comes to selecting the units (e.g., people, cases/organizations, events, and pieces of data) that are to be studied. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best enable the researcher to answer the research questions. Purposive sampling was based on the researcher's opinion in selecting respondents who were relevant to the investigation process and likely to give rich information. Simple random sampling was also used for selecting respondents. In statistics, a simple random sample is a subset of individuals (a sample) chosen from a larger set (a population). Each individual is chosen randomly and entirely by chance, such that each individual has the same probability of being chosen at any stage during the sampling process, and each subset of individuals has the same probability of being chosen for the sample as any other subset of individuals. This process and technique is known as simple random

Ahabwe

sampling and it is an unbiased surveying technique.

Inclusion criteria

The study included all the youth, married people and adolescents plus all old drinkers in communities surrounding Rukungiri health centre IV.

Dependent variables

Alcoholism among people in the communities and families surrounding Rukungiri health centre IV Rukungiri district.

Independent variables

The effects of alcohol on the families and communities surrounding the Rukungiri health centre in the Rukungiri district include: poverty and welfare, domestic violence and poor health

Research instruments

The research instruments that were used included self-administered questionnaires and interview schedules. The self-administered questionnaires were used to collect data because it saves time. This is because some respondents were literate. The questionnaire consisted of open and closed-ended questions. The open-form questionnaire permitted respondents to answer freely and fully in their own words. The interview guide was used in the research.

Data collection

The researcher used a number of methods in data collection. Such as a questionnaire and interview guide. The questionnaire contained both closed and open-ended questions. The questionnaire was written in English and shall be translated into Runyankole. Selection and interviewing of respondents were carried out in consistency and eligibility.

Data management

contained predetermined questions and this helped the researcher to get first-hand information. A one-day training was given to research assistants, on the objectives and procedures of data Collection by the investigators. Data completeness and consistency were checked by the researcher and his research assistants. Data cleaning and editing took place, missed values were statistically handled at the time of data collection to help address

concerns caused by incomplete data. The data obtained was kept in safe custody and treated with respect and confidentiality. Coding and sorting at the end of the data collection process were done to ensure the adequacy, completeness and correctness of the information.

Data analysis

Quantitative data from the questionnaire was analyzed by using Microsoft Excel, by use of figures, and tables while qualitative data was analyzed through coding, describing and relating with the findings. All the above data was interpreted to give meaningful information.

Ethical consideration

The proposal was presented to the ethical and research committee at KIU School of

Nursing and Midwifery for approval and thereafter an introductory letter was obtained and presented to the Hospital administrator Rukungiri health centre iv for permission. Once permission was granted, data collection was done in Rukungiri village in the following village wards, ki bingo, ki Hindi, Rwakabingo A, Rwakabingo and Kashitoma village. The respondents were also asked to consent before being interviewed. Interviews were conducted in a manner that enabled every respondent to respond freely and openly in the absence of any other tension-raising persons for confidentiality. Names of the respondents were not included in the data to ensure confidentiality.

RESULTS

Study Findings

From the study conducted, the following results were obtained from a sample of 48

respondents from villages surrounding Rukungiri Health centre IV.

Table 1: Socio Demographic Characteristics of Respondents

Variables	Frequency	Percentage
SEX		
Male	40	83
Female	8	17
Total	48	100
AGE		
18-26	3	6
27-40	25	52
41-60	20	42
Total	48	100
Marital Status		
Married	35	73
Single	3	6
Divorced	2	4
Widowed	8	17

Total	48	100
Education Level		
Primary	20	42
Secondary	7	15
Tertiary institution	6	13
University	0	0
Uneducated	15	31
Total	48	100
Occupation		
Peasant	33	69
Civil servant	13	27
Un employed	2	4
Total	48	100
Religion		
Protestant	18	38
Catholic	24	50
Others (moslems, Adventists)	0	0
Pentacostals	6	12
Total	48	100

According to the results from the table 1, Majority of the respondents were males 40 (83%) and least respondents were females 8(17%). Majority of the respondents were aged between 27- 40 (52%) and least were aged between 18-26(6%). The majority of the respondents were married 35 (73%) and the least were divorced 2(4%). The majority of the respondents stopped at the primary

level 20 (42%) and the least respondents didn't go to the University 0(0%). The majority of the respondents were peasants 33(69%) and the least were unemployed 2(4%) Most respondents were from the catholic religion 24(50%) and the least were from other religions (Muslims and protestants).

Effects of Alcohol on Families and Communities in the Study

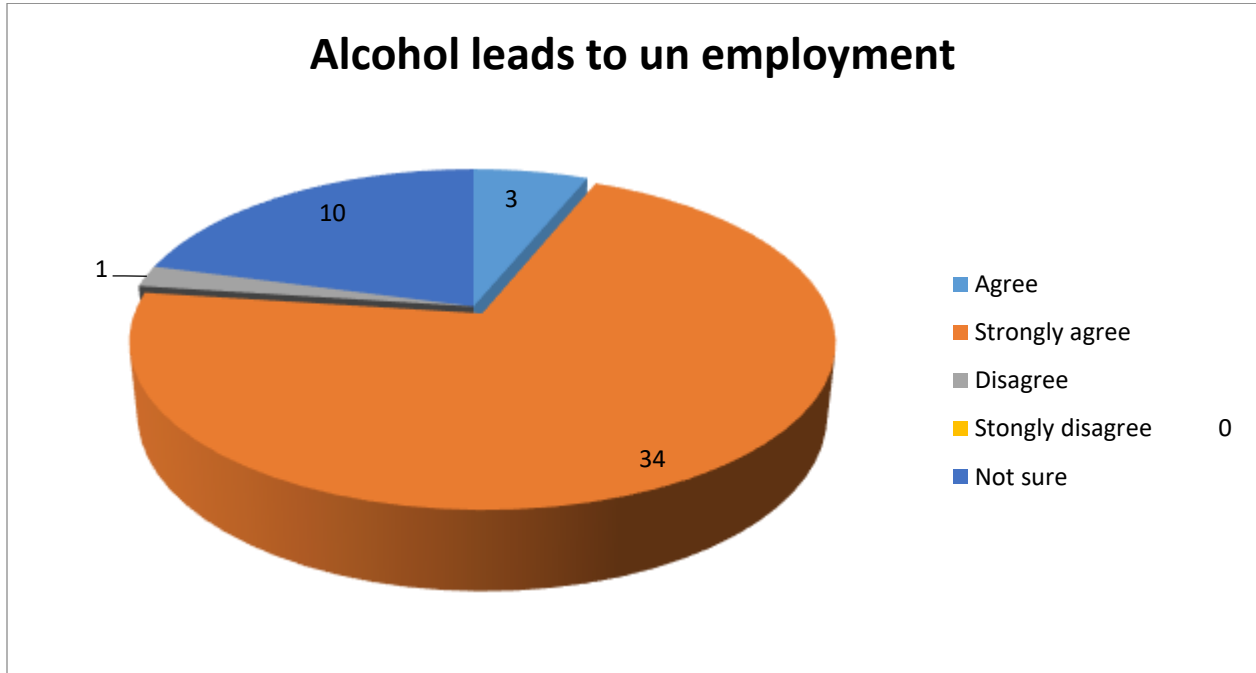


Figure 1: Alcohol Leads to un employment

Figure 1, the majority of the respondents strongly agreed that alcohol consumption leads to

un employment 34(71%) and the least respondents strongly disagreed 0(0%).

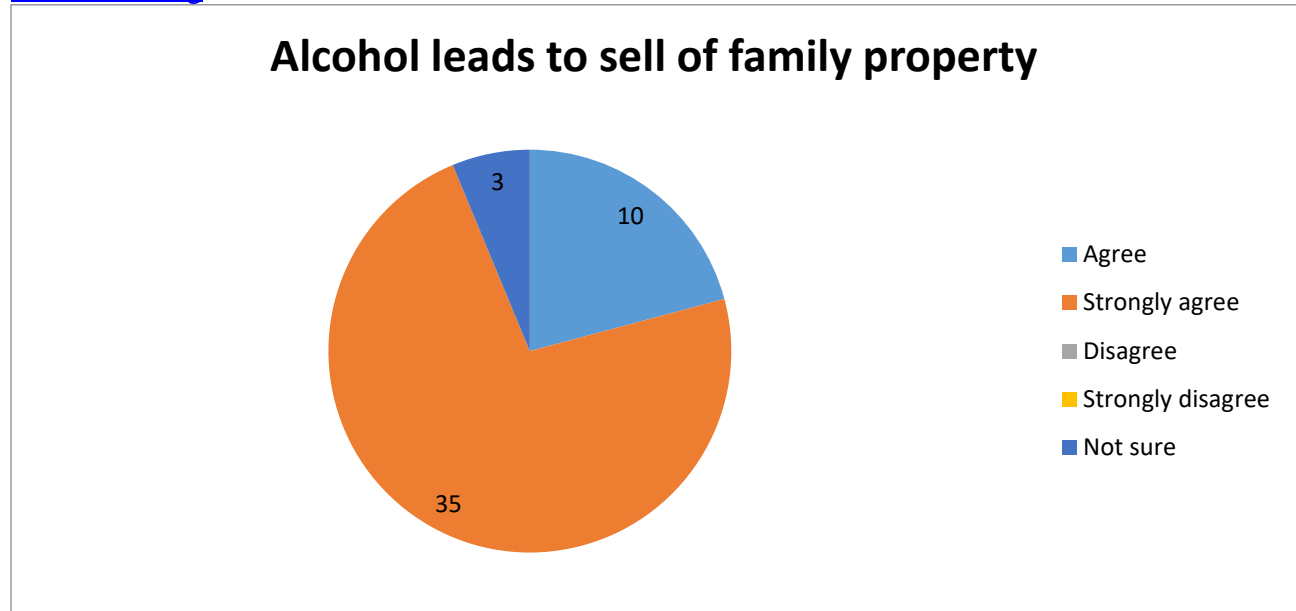


Figure 2: Alcohol leads to sell of family property

Figure 2, the majority of the respondents leads to sell of property 35(73%) and the strongly agreed that alcohol consumption least respondents disagreed 0(0%).

Table 2: Alcohol affects productivity of the family

VARIABLES	FREQUENCY	PERCENTAGE
Agree	15	31.25
Strongly agree	26	54.2
Disagree	0	0
Strongly disagree	2	4.2
Not sure	5	10.4
Total	48	100

Table 2, the majority of the respondents affect productivity of the family 26(54.2%) and the least respondents disagreed 0(0%).

Table 3: Alcohol affects family income

VARIABLES	FREQUENCY	PERCENTAGE
Agree	13	27.1
Strongly agree	27	56.25
Disagree	0	0
Strongly disagree	3	6.25
Not sure	5	10.4
Total	48	100

In table 3, the majority of the respondents income 27(56.25%) and the least respondents disagreed 0(0%).

Domestic Violence

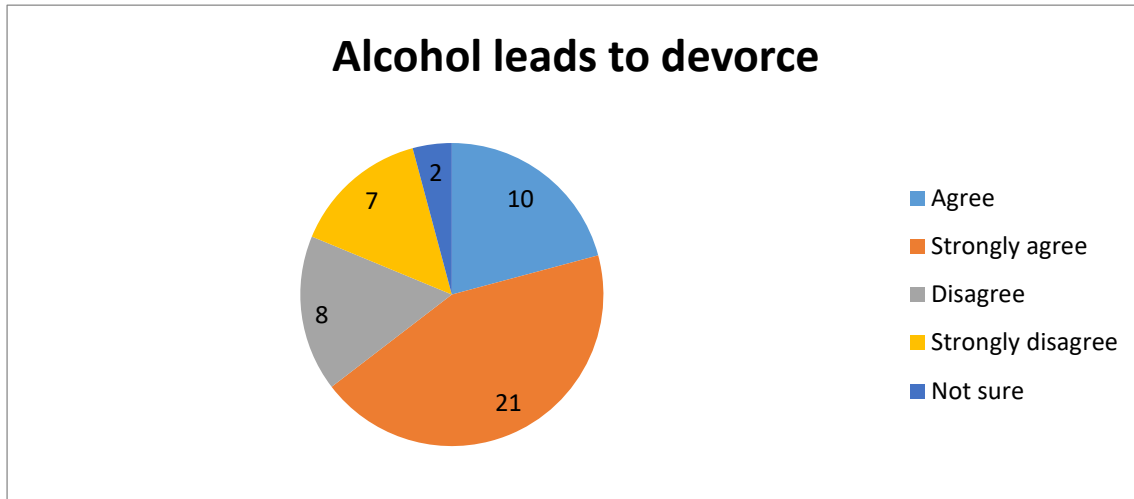


Figure 3: Alcohol leads to divorce in families n=48

Figure 3, the majority of the respondents strongly agreed that alcohol consumption

leads to divorce 21(44%) and the least of the respondents were not sure 2(4%).

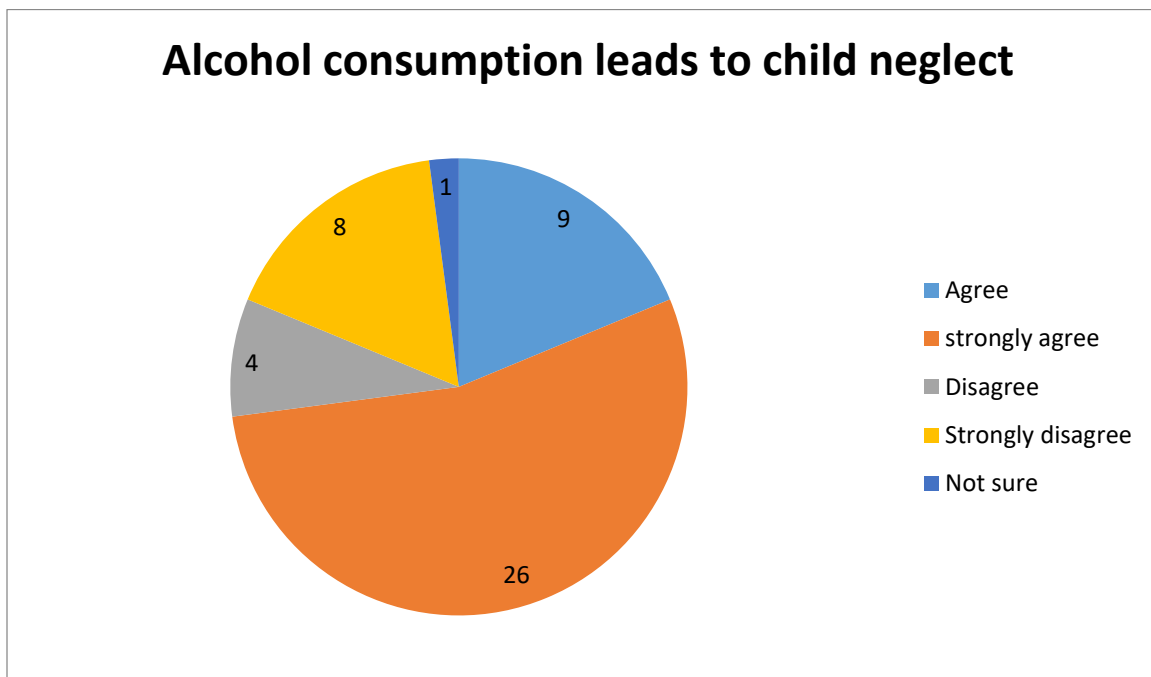


Figure 4: Alcohol consumption leads to child neglect n=48

In pie chart 4, the majority of the respondents strongly agreed that alcohol consumption leads to child neglect

26(54%) and the least respondents were not sure 1(2%).

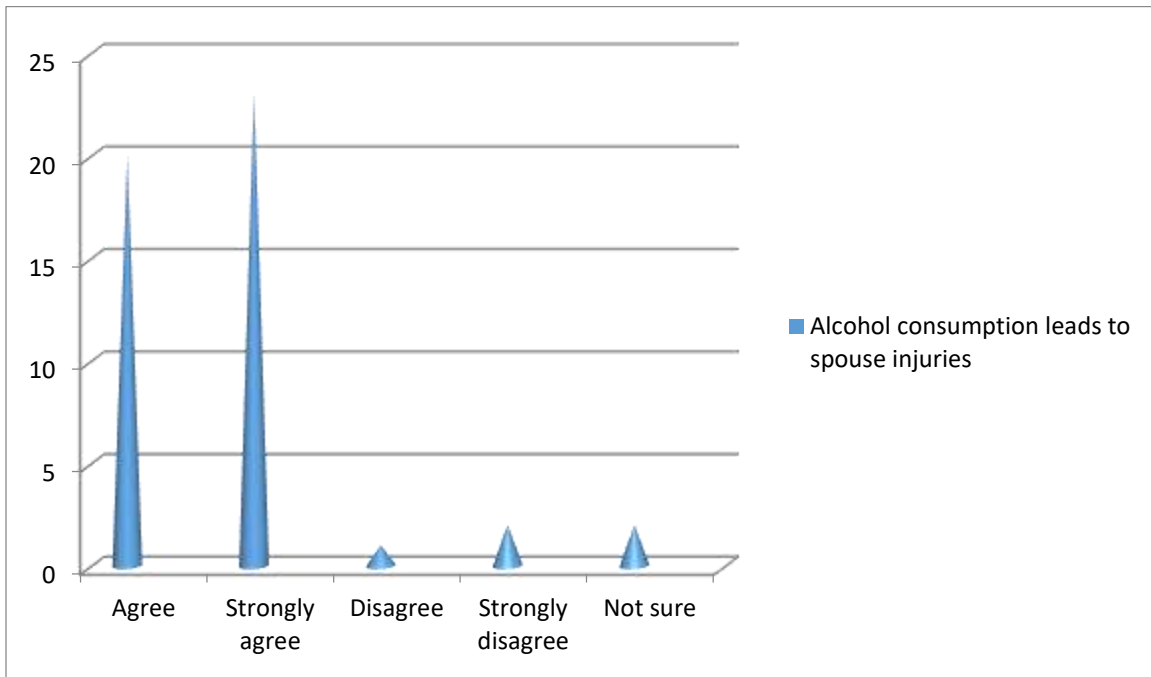


Figure 5: Alcohol consumption leads to spouse injuries

In Figure 5, the majority of the respondents strongly agreed that alcohol consumption leads to spouse injuries 23

(48%) and the least respondents Disagreed 1(2%).

Poor Health

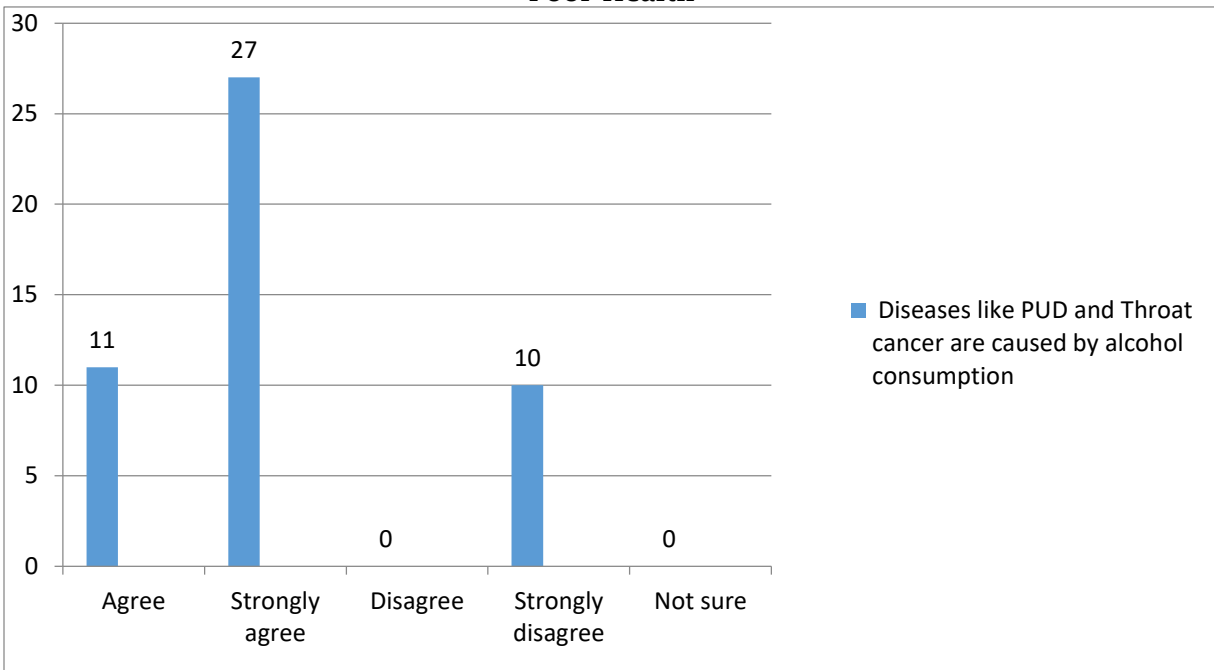


Figure 6: Diseases like PUD and Throat cancer are caused by alcohol consumption

Figure 6, the majority of the respondents strongly agree that diseases like PUD and Throat cancer are caused by alcohol

consumption 27(56%) and least respondents disagreed and were Not sure 0 (0%).

Table 4: Showing the frequency and percentage of alcohol consumption

Alcohol consumption leads to psychological problems and mental disorders	FREQUENCY	PERCENTAGE
Agree	15	31
Strongly agree	25	52
Disagree	2	4
Strongly disagree	1	2
Not sure	5	10
Total	48	100
Alcohol consumption causes body weakness		
Agree	7	15
Strongly agree	20	42
Disagree	5	10
Strongly disagree	10	21
Not sure	6	13
Total	48	100

In table 4, the majority of the respondents strongly agree that alcohol consumption leads to psychological problems 25 (52%) and the least of the respondents strongly disagree 1(2%). The majority of the

respondents strongly agreed that alcohol consumption causes body weakness 20(42%) and the least respondents disagreed 5(10%).

DISCUSSION

The study included 48 respondents from different families and villages surrounding Rukungiri Health centre IV in the Rukungiri district. The majority of the respondents were males 40(83%) and more than half of the respondents were aged between 27- 40 (52%) and the Majority of the respondents were married 35 (73%) almost 3/4 Majority of the respondents stopped at primary level 20 (42%) most of the respondents were peasants 33(69%) and when classified

by religious dominations, most respondents were from catholic religion 24(50%).

Socio-Demographic Factors

Results in the table that most respondents were aged between 27- 40 and above, this is attributed to most respondents being married and faced with challenges of family life and therefore pushed to alcohol abuse and this is according to the previous study by [15].

It was also established that most of the respondents were Catholics who take alcohol as their liberal beliefs do not condemn taking alcohol and explain why the use of alcohol is prevalent in the area and this is in a similar study done by [16]. The results in this study also show that most respondents were peasant farmers and some civil servants, especially primary teachers, drivers, and a few police officers and they cite stress due to harsh economic conditions. Their sources of livelihood, mainly from crop production especially matooke (selling of bananas) and milk production are no longer sufficient to meet their needs and since it has been raining heavily and "the available banana plantation has been heat by hail storm" said by one of the respondents and this has caused stress because they are not able to pay fees for their children and as a result of these frustrations, most house hold heads have resorted to alcohol abuse. This explains the relationship between taking alcohol and harsh economic conditions, Echoing [17].

Assessment of effects of alcohol consumption on families and communities

The effects of alcohol consumption show the effects of poverty and welfare which included unemployment. According to Table 1, out of 48 respondents, 34 (73%) strongly agreed that alcohol can lead to unemployment. This is in a similar study done by [18]. According to similar studies done by [19], alcohol causes depression that leads to reduced productivity, hence affecting household income and food production and hence poverty in alcoholic families and this is supported by the respondents who strongly agreed that alcohol consumption leads to low productivity meaning this has been

The study sought to assess the effects of alcohol consumption/abuse on families and communities.

- The study concluded that harsh economic conditions are responsible for alcohol abuse.
- The study also concluded that the availability and the low cost of alcohol have led to alcohol abuse.

observed within families and communities around the study area. However, there are those who disagreed but these were the youth who were still catered by their parents which were a few numbers. This is also in similar studies done by [20].

Domestic violence

Child neglect is due to addiction and no more thought of Siblings every time money is got, alcohol comes first in mind before home basic needs and children's basics needs are met and this has led to school dropouts and early marriages of girl child because they cannot access basic needs and school fees and scholastic materials. This is in line with the previous study done by [21] and one respondent reveals how the wife divorced" My wife divorced after having taken excessive alcohol and I battered her and my children and caused injuries that led to her divorce", This is in line with the previous studies done by [22] and [23] that victims of alcohol-related domestic violence can be more likely to result in physical injury with alcohol consumption often leading to a more severe injury.

Poor health

PUD and throat cancer and hepatitis are diseases associated with alcoholism, in addition to this, alcohol heavy drinking is also responsible for depression, psychological and mental disorders [24, 25, 22, 23] and this was strongly agreed by respondents, meaning alcoholism has very big health effects on individuals especially youth who are still undergoing school by impairing their judgement [24,25,26,27,28,29,30] and stimulating their libido which has exposed them to Sexual Transmitted diseases HIV inclusive. This is also similar to studies done by [24, 25, 22, 23].

CONCLUSION

Recommendations

- ❖ Awareness should be created of the impact /effects of alcohol abuse on families and communities. This can be through workshops or seminars.
- ❖ Rehabilitation and counselling centres should be established in the location.

- ❖ Parents should learn to be responsible because when parents are alcoholics, they didn't get time to discuss with their children matters of education and sexual education.
- ❖ Parents should give love and attention to their children and this

would help the children get a good self-image especially, parents should be role models to their children.

- ❖ The LAW should be revised and strengthened and penalties for those who abuse alcohol should be a bit Stricter.

REFERENCES

- [1]. Global status report on noncommunicable diseases (2010). Geneva: World Health Organization; 2011 (http://www.who.int/nmh/publications/ncd_report_full_en.pdf, accessed 3 November 2014).
- [2]. Ojulari, L. S., Abubakar, A., Afodun, A. M., & Okudo, A. G. (2022). Curcumin ameliorates alcohol-induced impaired locomotive activity of male mice. *International Journal of Biomedical and Health Sciences*, 17(1).
- [3]. Zewdu, M.G., Tesfaye, T.D., Diresibachew, H.W., Vempati, P., Vulli, V.R., & Suberu, S.A. (2017). The Acute Effects of Hydro-Alcoholic Khat (*Catha edulis forsk*) Extract on Locomotors and Anxiety Behaviours in Mice. *Global Journal for Research Analysis* 6 (11), 348-352
- [4]. Adedayo, A. D., Aderinola, A. A., Adekilekun, T. A., Olaolu, O. O., and Olanike, A.M (2018). Morphine-alcohol treatment impairs cognitive functions and increases neuro-inflammatory responses in the medial prefrontal cortex of juvenile male rats. *Anatomy & Cell Biology* 51 (1), 41-51
- [5]. Doreen, B., Eyu, P., Okethwangu, D., Biribawa, C., Kizito, S., Nakanwagi, M., & Zhu, B. P. (2020). Fatal Methanol Poisoning Caused by Drinking Adulterated Locally Distilled Alcohol: Wakiso District, Uganda, June 2017. *Journal of Environmental and Public Health*, 2020, 5816162-5816162.
- [6]. Bbosa, G. S., Kyegombe, D. B., Anokbonggo, W. W., Ntale, M., Musoke, D., Odda, J., & Ogwal-Okeng, J. (2013). Chronic alcohol use affects therapeutic steady state plasma drug concentrations of stavudine, lamivudine and nevirapine in HIV-infected patients during 9 months follow up period: WHO AUDIT tool application.
- [7]. WHO, (2008) Global- based- student health survey, Uganda (2008) fact sheet, Geneva.
- [8]. Hamisu, A., Gaya, U., & Abdullah, A. H. (2020). A novel poly (vinyl alcohol) post-precipitation template synthesis and property tuning of photoactive mesoporous nano-TiO₂. *Physical Chemistry Research*, 8(2), 281-295.
- [9]. Newton, K. P., Lavine, J. E., Wilson, L., Behling, C., Vos, M. B., Molleston, J. P., & Nonalcoholic Steatohepatitis Clinical Research Network (NASH CRN). (2021). Alanine aminotransferase and gamma-glutamyl transpeptidase predict histologic improvement in pediatric nonalcoholic steatohepatitis. *Hepatology*, 73(3), 937-951.
- [10]. Ifeanyi, O. E., Ndukaku, O. Y., Ndubuisi, O. T., Kalu, O. N., & Obioma, E. (2014). Some haematological and biochemical parameters of chronic alcoholics in Umuahia, Abia State, Nigeria. *Research Journal of Pharmaceutical, Biological and Chemical Sciences*, 5(2), 831-836.
- [11]. Ifeanyi, O. E., Mercy, O. H., Vincent, C. C. N., & Henry, O. H. C. (2020). The Effect of Alcohol on some Coagulation Factors of Alcoholics in Owerri, IMO State. *Ann Clin Lab Res*, 8(3), 318.
- [12]. Wanjiru, E. (2011). Alcoholism: The Man and His Integration into Society. Unpublished B.A dissertation.

- Department of Sociology. University of Nairobi.
- [13]. National Council for Law Reporting (2012). Alcohol Drinks Control ACT No.4 of 2010 Revised Edition 2012.
- [14]. Ugwu, C. N., & Eze, V. H. U. (2023). Qualitative Research. *IDOSR of Computer and Applied Science*, 8(1), 20-35.
- [15]. World Health Statistics (2012). World Health Organization. http://www.who.int/gho/publications/world_health_statistics/EN_WHS2012_Full.pdf
- [16]. Silverstein, V. (2009). Every family has a problem with alcohol consumption. The USA.
- [17]. Stephen, P. (2009). A handbook of counselling. Great Britain, Rutledge publishers.
- [18]. Macpherson, H. (2008). The effect of alcoholism on family earning capacity.
- [19]. World Health Organization (WHO) (2014) World Health Statistics 2014. http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671_eng.pdf
- [20]. Gmel, G., & Rehm, J. (2004). Measuring Alcohol Consumption. *Contemporary Drug Problems*, 31(3), 467-540.
- [21]. Berger, A. (2008). Alcohol is the major reason for divorce in families. 3rd ed. Vol 4. California
- [22]. World Health Organization. (2009). Global health risks: mortality and burden of disease attributable to selected major risks. World Health Organization. <https://apps.who.int/iris/handle/10665/44203>
- [23]. World Health Organization. (2009). Global tuberculosis control: epidemiology, planning, financing: WHO report 2009. World Health Organization.
- [24]. Chaban, S. (2014). International Human Rights Law and Domestic Violence: The Effectiveness of International Human Rights Law by Ronagh J.A. McQuigg. *Human Rights Review*. 15. 111-113. 10.1007/s12142-014-0310-x.
- [25]. Gordon M. W., & Margret, W. K. (2007). Perspectives in nutrition. 5th Edition. Vol 1 Colin H. Wealthy publisher.
- [26]. Kaliza, E.(2023).Evaluation of Reasons for Excessive Alcohol use and the effects on Students of Kampala International University Western Campus. *INOSR Applied Sciences* 10 (1), 1-13.
- [27]. Ebugosi, RS. Achara, IN. Ugwu, OPC. (2023). Evaluation of the effects of Maternal alcohol consumption on some selected biochemical parameters. *IAA Journal of Biological Sciences* 10 (1), 87-95.
- [28]. Maiga, AH.(2023).Evaluation of alcohol consumption among youths in Kizinda Town, Bushenyi District, Uganda. *IDOSR Journal of Science and Technology*, 9 (1), 27-39.
- [29]. Kamanyire, R. (2023).Evaluation of Factors contributing to high Alcoholism among Youths in Adumi Village, Arua District Uganda. *IDOSR Journal of Scientific Research*, 8 (2), 1-17.
- [30]. Ugwu Okechukwu P.C. and Amasiorah V.I. (2020). Review on Health Implications, Benefits and Biochemistry of Alcohol Intoxication. *INOSR Experimental Sciences*, 6(1): 62-74.

Ahabwe, Jonnat (2023). Assessing the Effects of Alcohol on the Families of the Community Surrounding Rukungiri Health Centre IV. *IDOSR Journal of Biochemistry, Biotechnology and Allied Fields* 8(2): 1-14. <https://doi.org/10.59298/IDOSR/JBBAF/23/10.1.70>