

Assessment of Factors Associated with Alcohol Abuse among Youth Aged (15-25) Years in Starch Factory at Lira Municipality Lira District, Uganda

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ABSTRACT

In Uganda, alcohol consumption has been on the rise, with WHO ranking Uganda as the highest consumer in the world. Studies conducted among internally displaced populations in war-torn areas of northern Uganda have revealed that alcoholism is a prevalent issue, particularly among men. This has become a major cause of domestic violence, accidents, and other fatalities within homes. The aim of this study was to assess the factors contributing to alcohol abuse among young people aged 15-25 at Starch Factory at Lira district Uganda. Questionnaires were used to gather data, which was then analyzed manually using pens, papers, and calculators, and later presented in numerical tables using a computer. The study revealed that the main contributing factors to alcohol abuse among young people were environmental, such as the availability of alcohol, local breweries, and persuasive advertisements. Socio-economic factors, including peer pressure, social norms, unemployment stress, and feelings of boredom, also played a significant role. The study also identified the major repercussions of alcohol abuse on health and the economy. In conclusion, the availability of alcohol through numerous breweries and persuasive advertisements, along with social norms, unemployment, boredom, and peer pressure, were found to be the primary drivers of alcohol abuse among young people in this village. The government should therefore organize and fund health talk programs and seminars to raise awareness within the community about the factors contributing to alcohol abuse and its impact on their lives. Additionally, the government should implement strict alcohol policies that regulate the age, level, and time of alcohol consumption.

Keywords: Alcohol consumption, Alcohol abuse, Youths, breweries, Persuasive advertisements.

INTRODUCTION

Alcohol is an intoxicating ingredient found in beer, wine and liquor. Alcohol is produced by fermentation of yeast, sugar and starches. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. A standard drink equals to 0.6 ounces of pure ethanol or 12 ounces of beer, 8 ounces of malt liquor, 5 ounces of wine or 1.5 ounces of 80-proof distilled spirits or liquor [1]. According to [2], alcohol abuse is a maladaptive pattern of use of a psychoactive substance (alcohol), indicated by continued use despite of knowledge of having a persistent or recurrent social, occupational, physiological or physical problems that are caused or exacerbated by the use. It is the residual category, with dependence taking presence when applicable. The term abuse is sometimes used dis-appropriately to refer to any use at all, particularly of illicit drugs [3]. Man has been known to ingest consciousness alter substance since time immemorial. This has been always informed by

socio-cultural practices and also medical conditions [4]. However, since the middle of the 19th century A.D, patterns of drug consumption characterized by variety and levels of addiction have with often severe consequences on those prone unrestrained prolonged use or to dependency [5]. Studies among people living in camps in the war-torn areas in the northern part of Uganda indicate that alcoholism is a common problem among the internally displaced populations. Most of the people consuming alcohols are men, although it is also reported that, women and adolescents are also drinking alcohol. Women and men who brew alcohol often ask young children to sell it, thus introducing children as young as 8 years to drinking alcohol. The use of alcohol is facilitated by mothers giving alcohol to children as medicine because of cultural belief that alcohol cures cough and worms among young children [6]. A recent report on substance abuse in conflict affected areas and IDPs in Gulu, Kitgum and Pader District highlights a

situation of serious alcohol use in the IDP camps of Northern Uganda. This situation is attributed to the 20-year injury in Acholi land, the lack of security, social displacement, and confinement in cramped crowded and unsanitary camps and lack of employment. Such conflict-related factors as well as associated problems like HIV/AIDS and other STIs greatly increased the possibilities of substance misuse [7]. It was noted that the main gap in service provision for substance users and others who are affected is the lack of capacity of the health care and social service providers in the camps to effectively reduce risk-taking and facilitate harm reduction services in the community setting. Problems of substance abuse, particularly alcohol-related sexual gender-based violence, are acknowledged in camps but very little is done to address these issues [8]. Alcohol abuse is known to be a major problem in causing domestic violence, accidents, and other causes of death in homes. According to a report by the in charge of Aloi Health Centre III, many patients who report to the hospital are mainly due to alcohol-related problems (Aloi Health Centre III). In the process of controlling the associated factors to alcohol and drug abuse, a group of United Nations Bodies such as WHO, UNODC, have supported various efforts geared towards reducing the harm caused by alcohol and drug abuse. The only challenge has been very irregular and sometimes thematic [7].

Study Design

This was a descriptive cross-sectional study conducted to explore the factors associated with alcohol abuse in Acana-Taa village, Aloi Sub-County, Alebtong District [16]. The quantitative strategy was used to tabulate numerical data which was presented in pie charts, graphs and tables.

Area of Study

The study was conducted in Starch Factory A village Adyel Division Lira Municipality in Northern Uganda. The district is located in Lango sub region and it is bordered by Pader district to the North, Alebtong district to the East, Dokolo district to the south and Kole district to the west. The district is approximately 217 km (135miles) from Kampala, Uganda's capital. The district was found in 1919 before then it was part of. The district is made of four divisions namely Adyel, Central, Railway and Ojwina Divisions (Lira District-Wikipedia, the free encyclopedia). In 2002, the population census estimated the population of the district at 80, 900, The 2014 national census enumerated the population at 99'059, the total area is 1,535 Km², elevation is 3,488 (1,063m) and population density is 148/km² (380/sq mi) [17]. Starch Factory A village being one of the busiest slums in the Division due to over population

Statement of Problem

Adolescent substance abuse (alcohol) is a big public health and public safety concern and ranked as the fifth leading risk factor in premature death and disability in the world [9]. In 2002, approximately 2,300,000 people died worldwide from alcohol-related causes and about 64,975,000 disability-adjusted life years were lost due to alcohol causes [10] and according to [11], Alcohol use increased with age and the rate increased from 2.1% among persons aged 12 or 13 to 9.5% of persons aged 14 or 15 and to 22.7% of 16 or 17 years old. Alcohol use is one of the main causes of mortality and morbidity among adolescents [12] yet it's the most commonly used drug among youths and it's linked to many different health outcomes, [13]. Underage binge drinking is strongly correlated with other health risk such as physical problems, unprotected sexual activity, physical and sexual assault, higher risk for suicide and homicide, memory problems, changes in brain development, and even death from alcohol poisoning [14, 15]. WHO report indicated that 10% to 60% of suicides are committed usually under the influence of alcohol and between 5% of parents abusing their children have alcohol disorders [7]. Therefore, this study seek to assess the factors associated with alcohol abuse among youth aged (15-25) years in Starch Factory A, Adyel division Lira district.

METHODOLOGY

and booming small business, youth are always found gathered in places like bars, clubs, betting centres.

Study Population

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

Inclusion criteria

The study enrolled all youths aged (15-25) years who are in Starch Factory A and consented to participate in the study.

Exclusion criteria

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

Sample size determination

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

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

Where,

n = Desired sample size

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

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

Therefore,

$$p = 1 - 0.5$$

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

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

By substitution we get:

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

$$n = 119$$

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

Sampling technique

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

Definition of variables

Dependant variables included Binge drinking, alcohol dependence later in life and addiction to alcohol. Independent variables included alcohol availability, income status, marketing and advertisement, loss of job, peer pressure and boredom.

Socio-demographic data of respondents

Most respondents 19(38%) were in the age group of 24-25 years and lowest 6(12%) in the age group 15-17 years, 35(70%) were males and least 15(30%) were females, 35(70%) were Langi with least 5(10%) were others like Acholi and Kumum. The biggest number of respondents 25 (50%) were Catholics while least 1(2%) were Moslems, 20(40%) were married while the

Research Instrument

Data collection was done by using questionnaires which were written in English but also translated in the local language by the investigator during the interview. Structured and non-structured questions (open and closed) were used [16].

Data collection procedures

Data was collected using interviewer's schedule with the help of questionnaires to guide in the study about the factors associated with alcohol abuse and the effects on youth aged (15-25) years [18].

Data management

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

Data Analysis

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

Ethical considerations

An introductory letter was sought by the investigator from the office of the head of the Department of Research in School of Allied health sciences Kampala International University Western Campus and taken to the Chairman Local Council 1 of Acana-Taa village who gave me the permission to do my survey in the area without hesitation [19].

RESULTS

least 3(6%) were divorced from their partners, 25(50%) stopped in primary level while the least numbers of respondents 2(4%) stopped at tertiary level and the biggest number of respondents 24(48%) were peasants while the least 2(4%) were others like wheelbarrow pushers and brick burners.

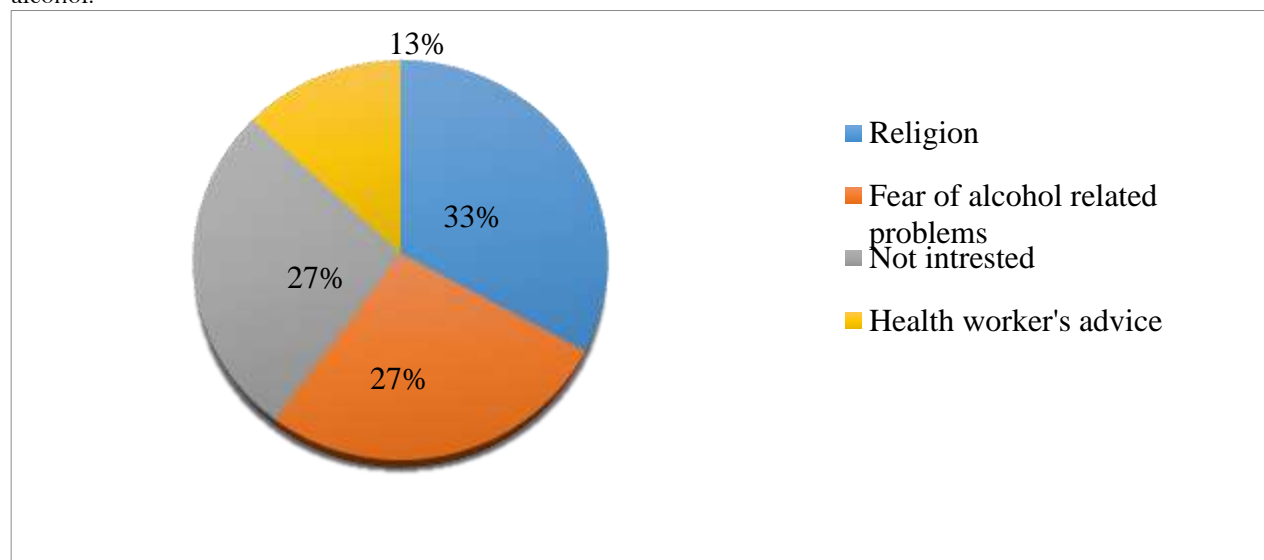
Table 1: shows socio-demographic files of respondents. n=50

Bio demographic parameters		Frequency(f)	Percentage (%)
Age:(years)	15-17	6	12
	18-20	10	20
	21-23	15	30
	24-25	19	38
	Total	50	100
Sex:	Male	35	70
	Female	15	30
	Total	50	100
Religion:	Catholic	25	50
	Anglican	22	44
	Moslems	1	2
	Others	2	4
	Total	50	100
Tribe:	Langi	35	70
	Iteso	10	20
	Others	5	10
Total	50	100	
Marital Status:	Married	20	40
	Single	12	24
	Separated	15	30
	Divorced	3	6
	Total	50	100
Education Level:	Primary	25	50
	Secondary	14	28
	Tertiary	2	4
	Never went to school	9	18
	Total	50	100
Occupation:	Business person	10	20
	Peasant farmer	24	48
	Bodaboda cyclist	11	22
	Government Worker	3	6
	Others	2	4
Total	50	100	

Table 2: Social factors of study participants.

Factors	Frequency (f)	Percentage (%)
Drinking alcohol: Yes	35	70
No	15	30
Achievements from alcohol drinking:		
Friends	24	68.6
Wife/husband	6	17
Job	3	8.6
Others	2	5.7
Age fist drunk alcohol:		
Before 15	28	80
Above 15	07	20
Amount taken per sitting:		
2-3 bottles	19	54.3
1 bottle or less	11	31.4
4-5 bottles	4	11.4
Above 5 bottles	1	2.9
Amount spent on alcohol per day:		
Half of what is earn per day	22	62.8
More than what is earn per day	8	22.9
Spent little	5	14.3
Sources of alcohol:		
Small bars	20	57.1
Individual brewers	10	28.6
Others	05	14.3
Who takes alcohol: Father	25	71.4
Mother	10	28.6
Time for starting drinking		

The majority of the respondents 35(70%) were taking alcohol while the smallest number 15(30%) were not taking alcohol.

**Figure 1: Response on reasons for not drinking alcohol.**

Most respondents 5(33%) were not taking alcohol because of religious reasons while at least 2(13%) were not drinking because of health workers' advice.

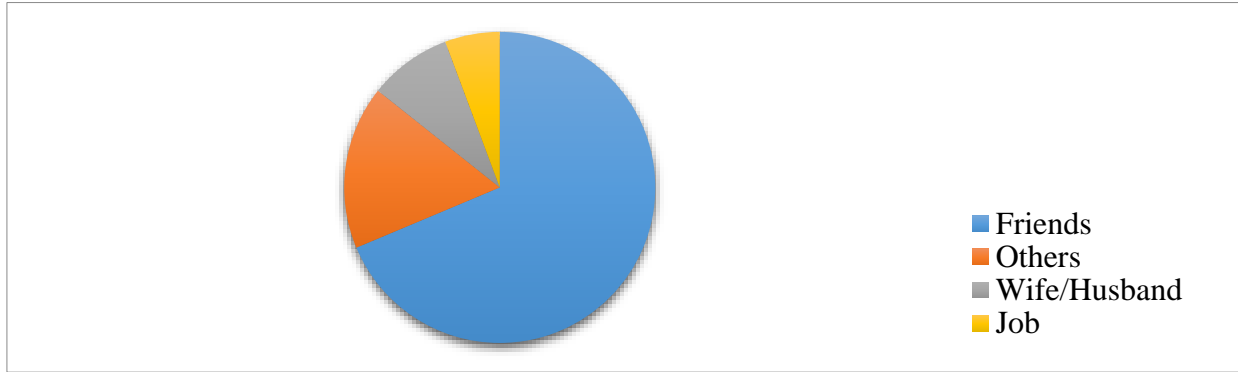


Figure 2: Response on achievements from drinking alcohol. (n= 35)

Majority of respondents 24(68.6%) said they got friends while least 2 (5.7%) reported that they got job. The majority of respondents 24(68.6%) said they

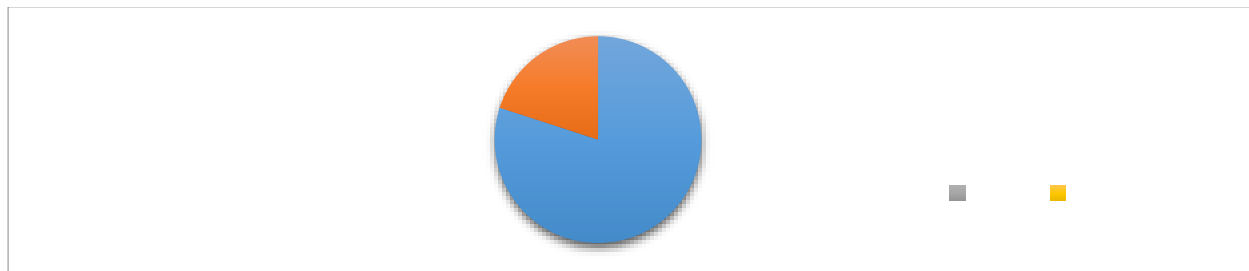


Figure 3: Response on age respondent first drunk alcohol (n= 35)

Most respondents 28(80%) started drinking alcohol before the age of 15 years while few respondents 7(20%) started drinking alcohol when they were above 15 years.

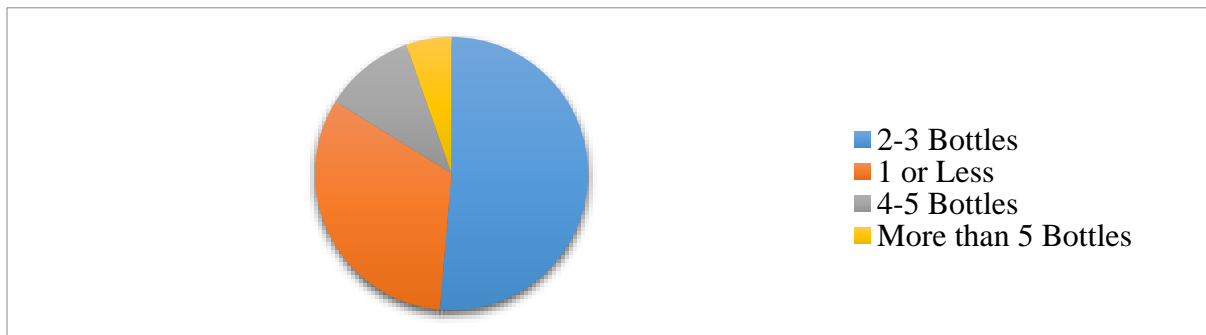


Figure 4: Response on Amount of alcohol taken per sitting. (n= 35)

The majority of respondents 19(54.4%) were taking 2 to 3 bottles per sitting while least 1(2.9%) was taking more than 5 bottles per sitting.

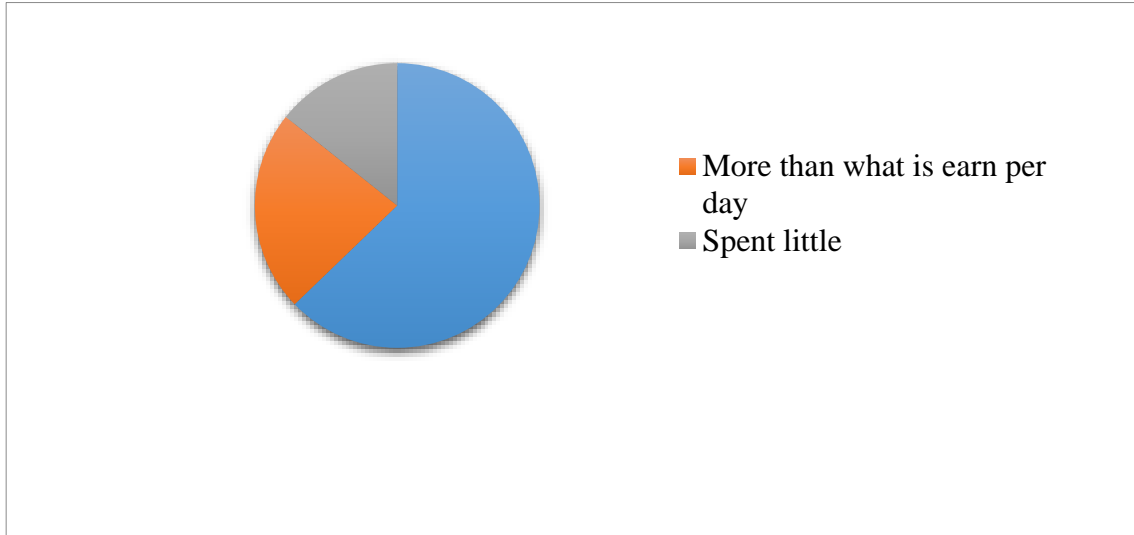


Figure 5: Response on Amount spent on alcohol per day in every sitting. (n=35)

Majority of respondents 22(54.4%) spent half of what they earn per day while least 5(14.3%) spent little.

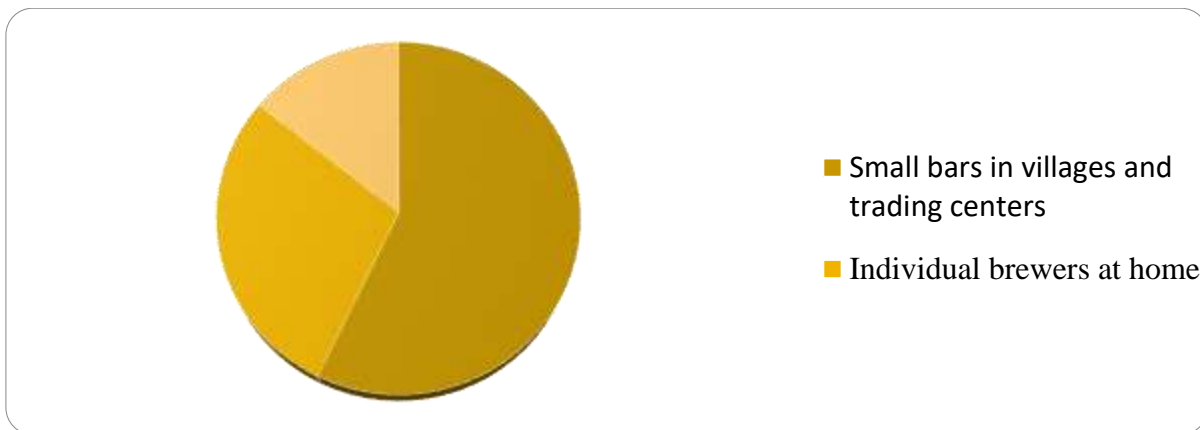


Figure 6: Response on Source of alcohol (n= 35)

The Majority of respondents 20(57.1%) got alcohol from small bars in the village and trading centres

while least 5(14.3%) got alcohol from other places like cultural ceremonies and parties.

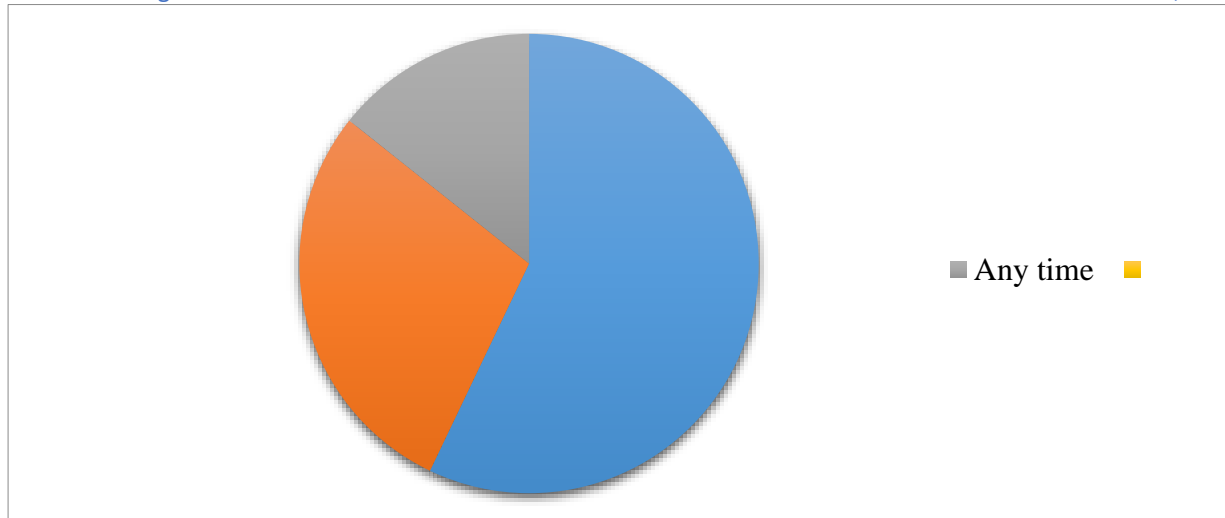


Figure 7: Response on the Family members who take alcohol (n= 35)

Most respondents 25(71.4%) said their fathers and least 10(28.6%) said mother.

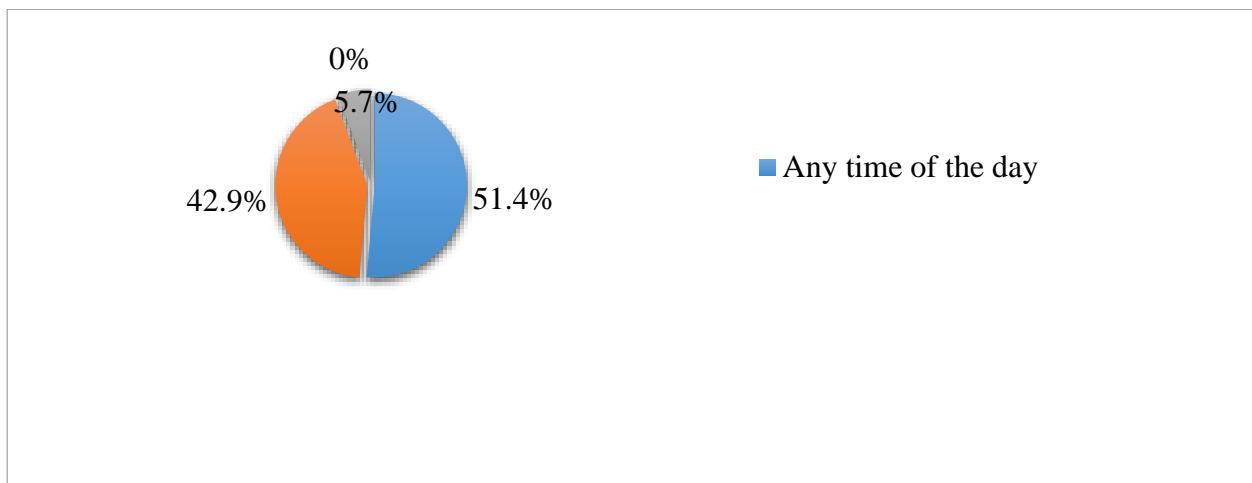


Figure 8: Response to Time of starting alcohol drinking (n=35)

The majority of respondents 18(51.4%) were taking alcohol any time of the day while at least 2(5.7%) were taking alcohol very early in the morning.

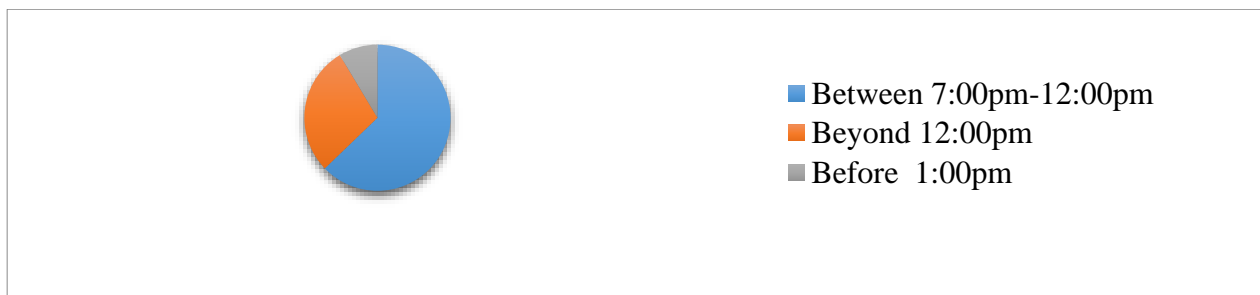


Figure 9: Response on Time of returning from drinking place (n=35)

Most respondents 22(62.8%) returned home from a drinking place between 7:00 pm – 12:00 am while least 3(8.6%) returned home before 7:00 pm.

Factors associated with alcohol abuse

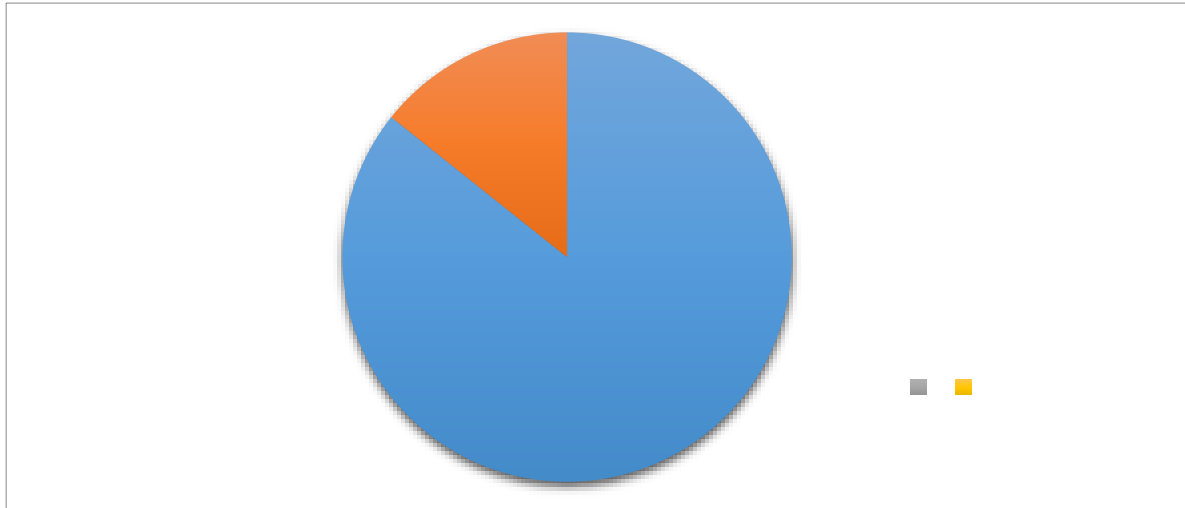


Figure 10: Response on influence to drink alcohol (n=35)

Majority of respondents 30(85.7%) said they were influenced to drink alcohol and least 5(14.3%)

reported that they were not influenced to drink alcohol.

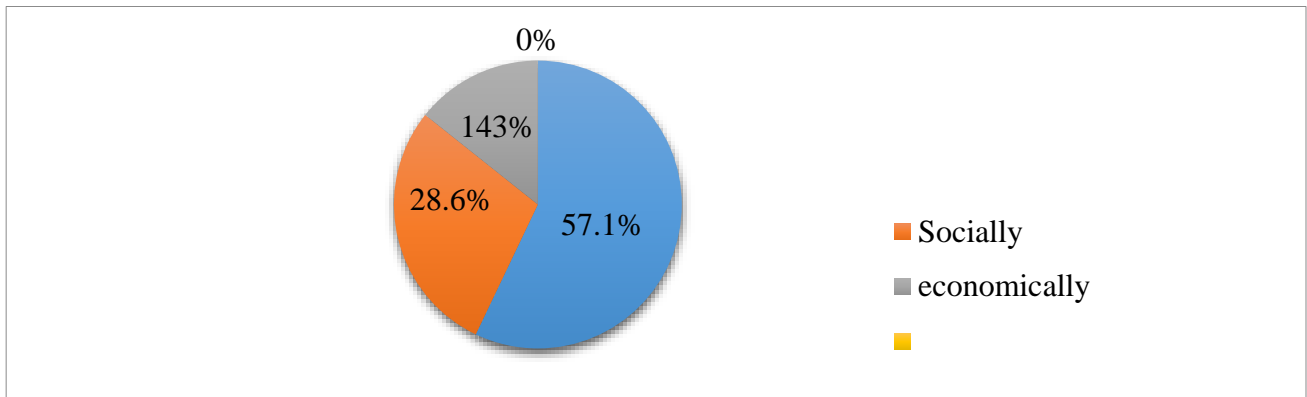


Figure 11: Response on factors that led respondent to abuse alcohol (n=35)

Most respondents 20(57.1%) were influenced by environmental factors while the least 5(14.3%) were influenced by economic factors.

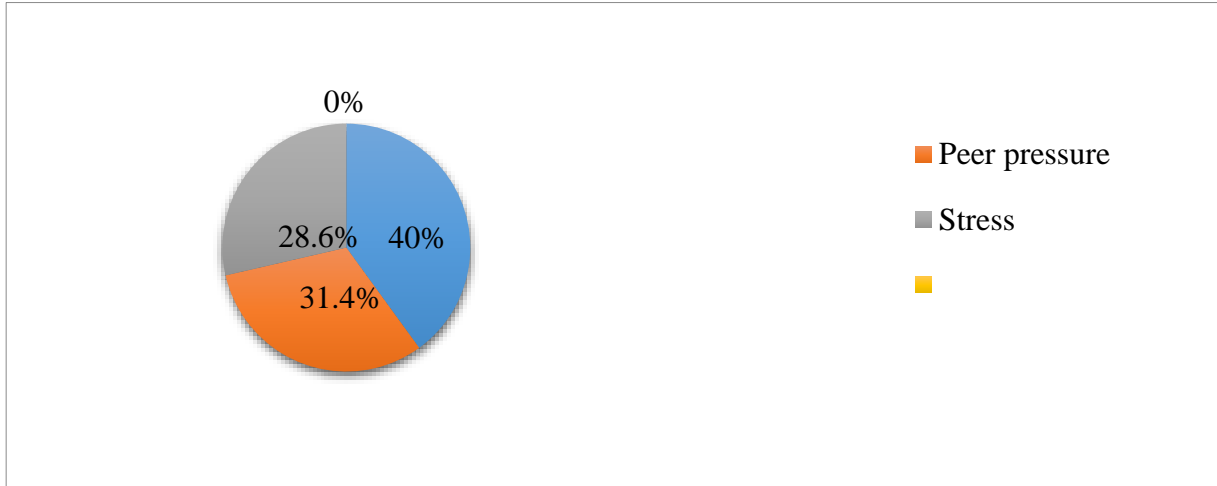


Figure 12: Social factors that led to alcohol abuse (n= 35)

Majority of respondents 14(40%) took alcohol because of social norms while least 10(28.6%) took alcohol because of Stress.

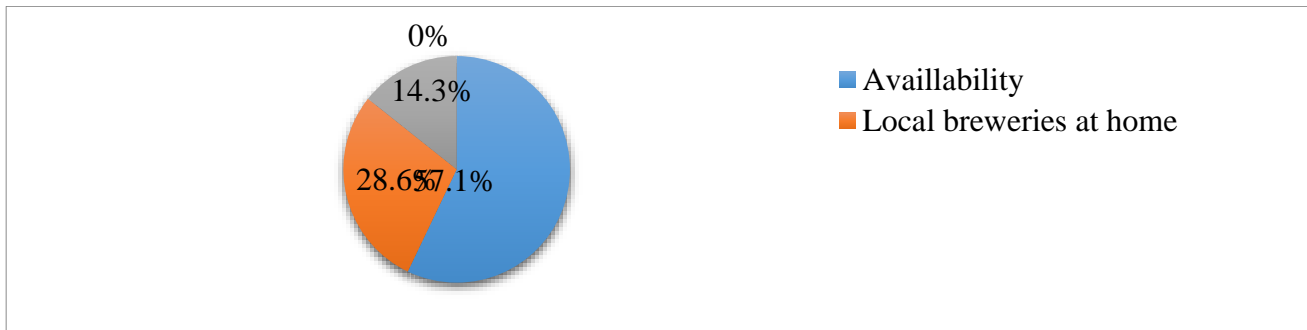


Figure 13: Response on environmental factors leading to alcohol abuse (n=35)

Most respondents 20(57.1%) reported availability as the environmental factor causing alcohol abuse while

least 5(14.3%) reported attractive adverts, they like it and because they sell it.

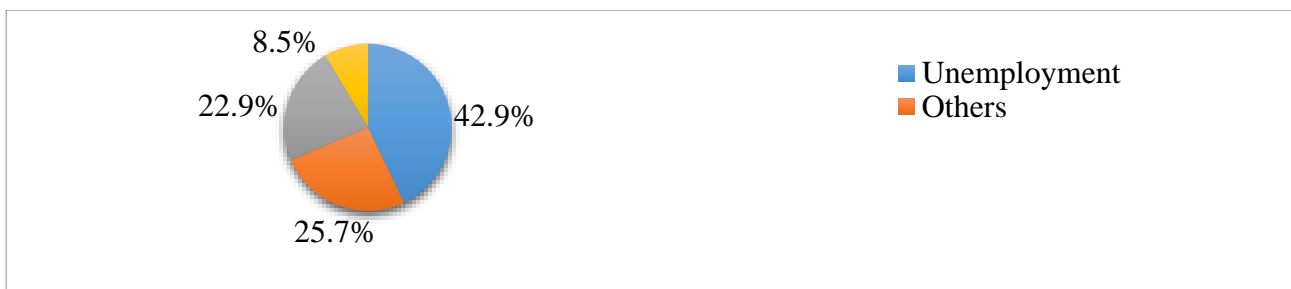


Figure 14: Response on economic factors leading to alcohol abuse (n= 35)

The majority of the respondents 15(42.9%) reported unemployment while least 3(8.5%) reported high-income status.

Effects of alcohol abuse

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

Table 2: Response to effects of alcohol abuse.

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

Respondents' opinions on alcohol abuse

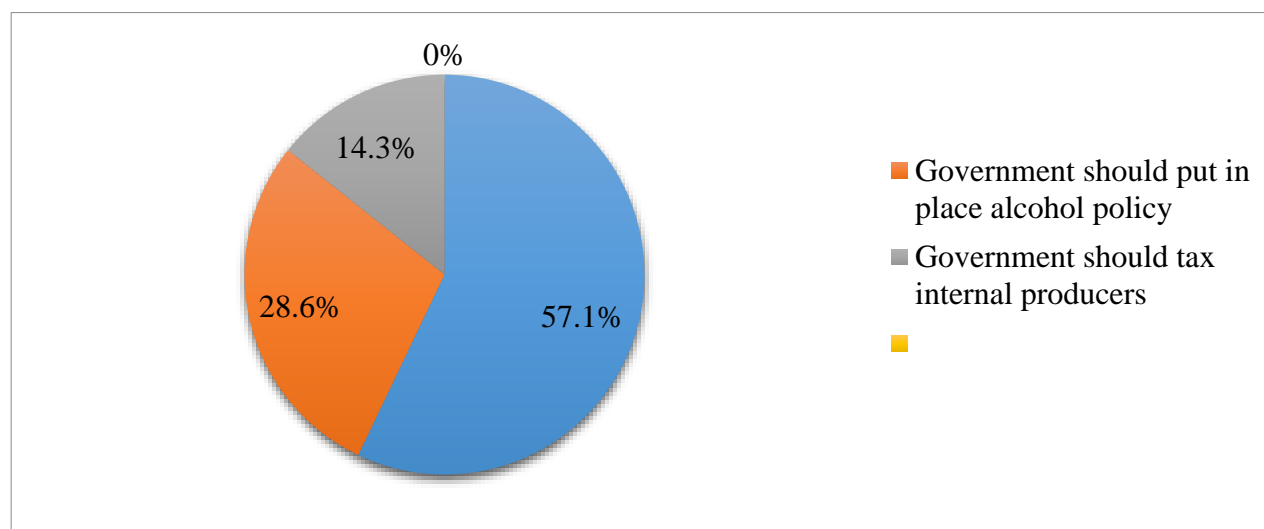


Figure 15: Response to respondent's opinions on what can be done to reduce alcohol abuse. n= 50

Most respondents 25(57.1%) proposed that people should be taught on responsible drinking behaviours

while at least 10(14.3%) proposed that the government should tax internal producers.

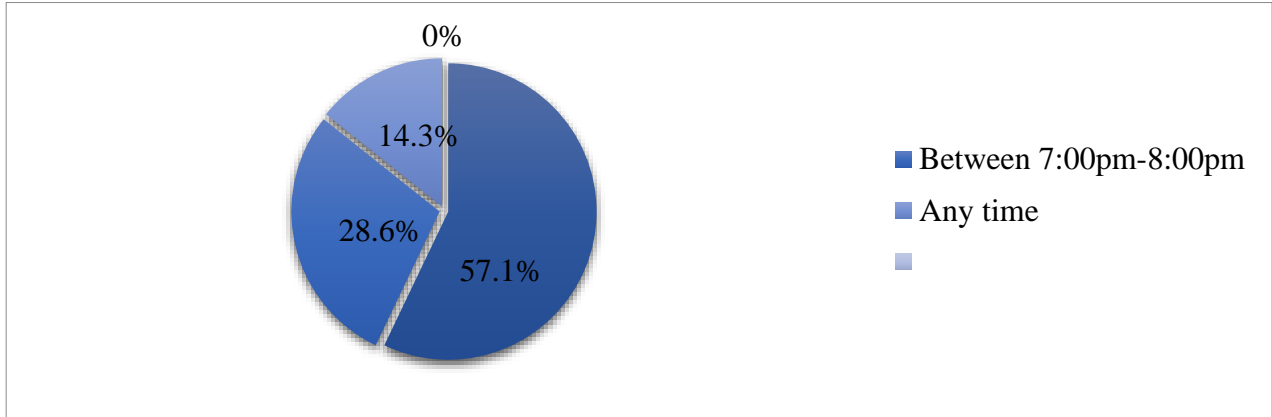


Figure 16: Response on Respondents' opinions on time to start drinking alcohol (n = 50).

Majority of respondents 25(57.1%) proposed drinking should start at between 5:00pm to 8:00pm while least

10(14.3%) proposed that drinking should begin any time.

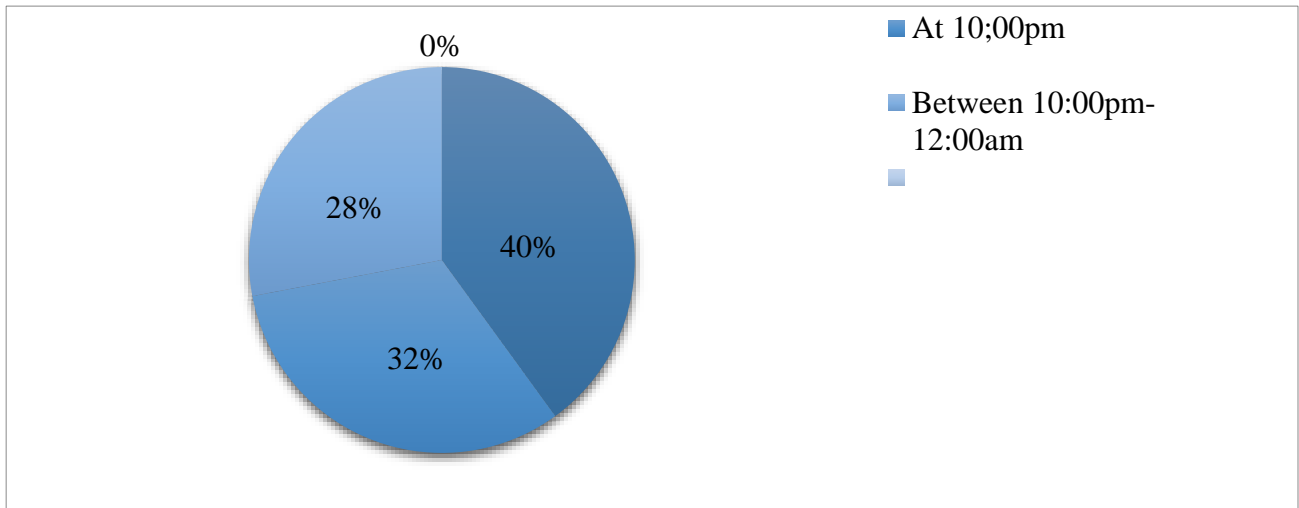


Figure 17: Response on Respondents opinion on time to stop drinking alcohol.

Majority of respondents 20(40%) proposed drinking should stop between 10:00pm-12:00 mid night and

least 14(28%) proposed drinking should stop between 10:00pm-12:00am.

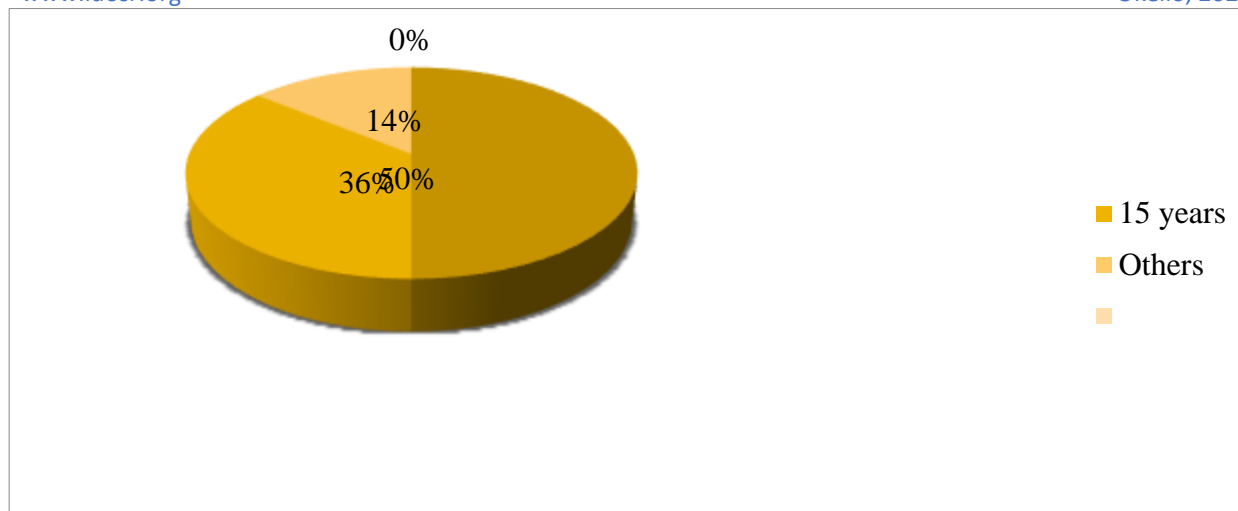


Figure 19: Response on Respondents opinion on legal age limit to start drinking alcohol (n = 50).

Most respondents 25(50%) proposed that the legal age limit to start drinking alcohol should be 18 years

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

Demographic Data

This study has found that the majority of respondents 19(38%) were in the age range 24-25 years while the least 6(12%) were in the age range of (15-17) years which is in line with the research that was done which states alcohol consumption increases with age [20] and those 15-17 years some are still govern by their parents so they fear to take alcohol. The majority of respondents 35(70%) were male and at least 15 (30%) were females. Males especially those in the village don't have other work to do after garden work while females are always occupied with housework so they have less time to spend on drinking and few of these girls are initiated by their mothers when they are still young into drinking alcohol making similar findings with [6];136 in their research. The dominant tribe 35 (70%) were Langis because they are the ethnic group there and the least 15 (30%) were others like alcoholics and mums who were married there or because of Kony's war they were displaced from their lands similar to the finding in [7]. The majority of respondents 25 (50%) were catholic and least 1(2%), this corresponds to [21] which stated the highest consumers being Catholics (53%) compared to Protestants (42%) and Muslims (5%). This may be because of the wine the catholic community take

and least 7(14%) proposed others like according to sex and being in school.

DISCUSSION

which is prohibited is Islamic religion. 40% of the respondents were married, 24% single and least percentage, 6% divorced. This is because most youth in the village are always forced to marry by age of 16-18 years and this most times leads to divorce because these people are not mature enough to run families. The majority of them, 48% were peasants, 22% boda boda cyclist, 20%, business persons and least being others like wheel barrow pushers and brick burners. This village has job inadequacy and because most of them attained primary level of education, their papers can't make them get good jobs somewhere else. Most respondents 50% attained primary level of education, 28% secondary and least 4% tertiary. This could be because their parents could not afford to pay them or some did not know the value of education and refused to continue with studies.

Characteristics of Respondents

70% of respondents were taking alcohol and least 30% were not. This is because they feel bored and redundant after finishing the garden work in the morning and during dry season when there is no work and those not taking might not be interested or because of religion. Meanwhile higher percentage 68.6% were drinking because they got friends, few 5.7% were drinking because they got jobs. This might be because friends kill boredom and give company as was also found by [22] also cited in the research by [23] which states that youth are more likely to increase their frequency and levels of substance use with that of their peers while others just drink to relieve stress. Most respondents 80% started drinking alcohol below 15 years and least started above 15

years. This is in line with the research which was done which stated that women and men who brew alcohol introduce children as young as 8 years to drinking alcohol [6]. It's true that mothers ask these children to sell for them alcohol so in the process they start testing it and later become used and others like in teso land gives alcohol to babies as a traditional believe while some believe that alcohol cures cough and worms among young children as was also found by [6]. Most respondents 54% were taking 2-3 bottles of alcohol per sitting and least 5.7% more than 5 bottles. This is because they start drinking very early and end very late and that least is a binge drinker. 62.8% of the respondents were spending half of what they earn per day on alcohol and least percentage, 14.3% spent little. This means every day payment that they always receive from working in peoples' garden, half of it is taken to alcohol and little is left to run the family. 57% of them would get their alcohol from small bars in villages while least, 14.3% from other places like from colleagues and neighbours. Youth are always attracted to places where there is music and friends that's why they prefer small bars as drinking places. Most respondents 70% reported that their fathers drink alcohol while least 30% said their mothers. These men say they forget their problems after taking alcohol. Higher percentages 51.4% were taking alcohol at any time, 49.2% in the evening and least 5.7% very early in the morning. Any time these people are paid after work they rush to take alcohol while those who drink very early in the morning may be feeling like being charged throughout the day. High number of them 22 was returning home from drinking places between 7:00pm-12:00am, 3 were returning before 7:00pm. Most youth like moving at night when it's dark fearing to be recognized.

Factors associated with alcohol abuse

Higher percentages 85.7% were influenced to drink alcohol by either environmental factor which carried the highest percentage 57.1% or socio-economic factors caring least 42.9%.

Environmental factors

The availability of alcohol in the environment where youth reside contributed highly to their alcohol abuse corresponding to the research that was done [24]. This is due to home breweries and acceptance in functions and social gatherings. Local breweries at home were the second environmental cause of alcohol abuse among youth in this village. This is similar to the study that was carried out and found out that alcohol outlet density was associated with increase in alcohol consumption [25]. Most of the populations in this village are unemployed and the only source of money they get is through brewing alcohol and farming and because of very many consumers of alcohol keeps them people in the business. Persuasive

advertisements and marketing, contributed less to alcohol abuse among youth of this village because those who are always attracted by adverts of alcohol are those who have not yet started drinking and the young age groups correlating to researches that were done [26] also cited in [25].

Socio-economic factors

Social norms were one of the highest social factors contributing to alcohol abuse. Because of the very many ceremonies held especially in villages, makes alcohol to be readily available and acceptable for consumption by anyone as was found in the research done in 2005 by [24]. Unemployment contributed second to abuse of alcohol by youth of Acana-Taa village, this is in correspondence with research that was done in 2006 [27], was also cited in [28] which stated that there is relative risk to adolescents living in low employment status than those in better employment status. This is because of the low level of their education and few jobs in the village. Peer pressure always being the number one cause of youth alcohol abuse was one of the factors that led these youths to abuse alcohol with the excuse of need to belonging to social grouping and conforming to their norms, also pressure within the group might have resulted some of them to become alcohol addicts as was also found by prof David. Stress caused some youth to start abusing alcohol either due to loss of jobs, family neglects, poor coping strategies to short comings or/and emotional stress as was in the research conducted in 2005 [24]. It was also found out that income status of these youth contributed some percentage to abuse of alcohol as was also found out by [29] in their research. This is because some of them do these small businesses and earn a lot of money and also those in boarding schools are always given greater amount of pocket money that has little use especially the single youth making them resort to expenditure on alcohol.

Effects of alcohol abuse on the youths

The majority of them 71.4% were affected by alcohol abuse while least 28.6% were not because they don't know responsible drinking while others do. Most respondents 28.6% sustained injuries and death due to driving or riding under the influence of alcohol in road traffic accidents and domestic violence corresponding to a report by the in charge Alo Health Center 111 in 2016 which stated that many patients who report to the health facility are mainly due to alcohol related problems. Alo Health Center 111, 2016 and also cited in the daily monitor of 12th/April/2014 that a 32 years old woman from Alebtong district intoxicated herself with alcohol and hit his husband with a hammer to death. Least 8.6% contracted STDs like HIV/AIDs, candidiasis etc

because after alcohol consumption they become too drunk to use condoms to protect them.

Respondents' opinion on alcohol abuse

This involved both abusers and non-alcohol users where majority of them 50% said people should be taught responsible drinking behaviours, drinking should start between 5:00pm-8:00pm and that legal

CONCLUSION

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

Recommendations

Through the MOH, the government should organize and fund health talk programmes and seminars to carry out community sensitization through radios,

age limit to start drinking should be 18 years and least 20% said government should tax internal producer, drinking should start any time, 14% said legal age limit should be others and majority 40% said drinking should stop at any time, 32% said at 10:00pm while least 28% said between 10:00pm-12:00am.

newspapers and televisions so as to improve on youths' understandings about factor which lead to alcohol abuse and its effects on their lives. The MOH should consider these kinds of villages when employing health workers because most times they are neglected, so that the youth staying in villages also have equal knowledge about alcohol abuse just as those in towns. Lastly government should put strict alcohol policy that will limit the age, level and time of drinking alcohol.

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