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**Assessment of Factors Associated with
Alcohol Abuse among Youth aged (15-25)
Years in Acana-Taa Village, Aloi Sub-
County, Alebtong District**

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ABSTRACT

In Uganda, there is an increasing trend in alcohol consumption where WHO ranked Uganda the leading consumer in the world. Studies among people staying in camps in war-torn areas in northern Uganda indicate that alcoholism is a common problem among internally displaced populations, most consumers being men. This has been the major problem causing domestic violence, accidents, and other causes of death in homes. This study was conducted to assess the factors associated with alcohol abuse among youths aged (15-25) years in Acana-Taa village. This was a descriptive cross-sectional study where data was collected using interviewers' schedules with the help of questionnaires which guided the study. It was then first analyzed manually using pens, papers, and calculators and later the computer was used to present numerical data in tables. This study found out that the associated factor with alcohol abuse among youths was majorly environmental like availability of alcohol, local breweries, persuasive advertisements, etc followed by socio-economic factors like peer pressure, social norms, unemployment stress, and bore doom among others. Meanwhile, the major effects of alcohol abuse were in their healths and economy. Therefore, it was concluded that the availability of alcohol due to very many breweries and persuasive advertisements, social norms, unemployment, bore doom and peer pressure among others contributed more to alcohol abuse by the youths of this village. The government should therefore organize and fund health talk programs and seminars to carry out community sensitization so as to improve youths' understanding of factors that lead to alcohol abuse and its effects on their lives.

Keywords: Alcohol abuse, Youths, fermentation, Uganda.

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INTRODUCTION

Alcohol is an intoxicating ingredient found in beer, wine, and liquor. Alcohol is produced by the 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 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 [1-4]. According to DSM-IV [5], alcohol abuse is a maladaptive pattern of use of a psychoactive substance (alcohol), indicated by continued use despite knowledge of having persistent or recurrent social, occupational, physiological, or physical problems that are caused or exacerbated by the use. Studies among people living in camps in war-torn areas in the northern part of Uganda indicate that alcoholism is a common problem among internally displaced populations [6]. Most of the people consuming alcohol are men, although it is also reported that, women and adolescents are also drinking alcohol [7, 8]. 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 the cultural belief that alcohol cures cough and worms among young children [9-11]. A recent report on substance abuse in conflict-affected areas and IDPs in Gulu, Kitgum, and Pader Districts 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, 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 [12-14]. In the process of controlling the associated factors of alcohol and drug abuse, a group of United Nations Bodies such as WHO, and 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 [12].

METHODOLOGY

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, and Alebtong District. The quantitative strategy was used to tabulate numerical data which was presented in pie charts, graphs, and tables.

Study Area

The study was conducted in Acana-Taa village located in Anara parish, Aloi sub-County, Moroto County in Alebtong district in Northern Uganda.

Study Population

The study populations were all youths aged (15-25) years in Acana-Taa 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 Acana-Taa village 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.

Sampling 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,

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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:

$$n = \frac{(1.96)^2 \times 0.5 \times (1 - 0.5)}{(0.09)^2} \quad n = 119$$

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.

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.

Data Analysis and Presentation

Data were analyzed manually with the help of a pen, paper, and calculator, and later used Statistical Package for Social Scientists (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.

RESULTS

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 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

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:		
Any time if the day	18	51.4
Evenings only	15	42.9
Very early in the morning	2	5.7
Time for returning home:		
Between 7:00pm-12:00am	22	62.8
Beyond 12:00am	10	28.6
Before 7:00pm	3	8.6

Table 3: shows responses on factors associated with alcohol abuse

Factors	Frequency (f)	Percentages (%)
Environmental:		
Availability of alcohol	20	57.1
Local breweries at home	10	28.6
Persuasive advertisements	5	14.3
Total	35	100
Socio-economic:		
Social: Social norms	14	40
Peer pressure	11	31.4
Stress	10	28.6
Economic:	35	100
Unemployment	15	42.9
High income status	3	8.5
Loss of job	8	22.9
Others	9	25.7
Total	35	100

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

Table 4: 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	3	8.6
Poor performance in school	5	14.3
Risk sexual behaviors	6	17.1
Binge drinking		
Injuries	7	20
Others	10	28.6
	4	11.4
	Σ 35	Σ 100
Total		

DISCUSSION

The availability of alcohol in the environment where youth reside contributed highly to their alcohol abuse corresponding to the research that was done [15-22]. 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 that alcohol

outlet density was associated with an increase in alcohol consumption [16-22]. Most of the population in this village are unemployed and the only source of money they get is through brewing alcohol and farming because very many consumers of alcohol keep the people in the business. The high-income status of these youth contributed some percentage to the abuse of alcohol as was also found out by Rabinovich *et al.* [17] 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 amounts of pocket money that has little use especially the single youth making them resort to expenditure on alcohol. 22.9% of these youth were drinking alcohol because they lost their jobs hence they are redundant.

The majority of them 71.4% were affected by alcohol abuse while at least 28.6% were not because they don't know responsible drinking while others do.

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, and family neglect among others. The effects of alcohol abuse were poverty, gastric ulcers, death, etc.

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