Evaluation of alcohol consumption among youths in Kizinda Town, Bushenyi District, Uganda.

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ABSTRACT

Globally it is stated that the consumption of alcohol has increased all over the world in the past decade. About 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption. Uganda was reported to have one of the highest levels of alcohol consumption in East Africa region. This study aimed at assessing "Knowledge and Practice on alcohol consumption among youth in Kizinda town Bushenyi district. A cross-sectional study design was used, target population were youth of age 15-30 years irrespective of sex. A sample size of 109 participants was used and data was obtained by using questionnaires, data entered into SPSS, analyzed and presented inform of pie charts, tables and graphs. 69(63.3%) of the respondents had faced problems as a result of alcohol, 77(70.6%) knew that alcohol consumption was associated with serious health and social consequences. 50(45.9%) said was associated with motor vehicle accident. Majority took Beers, larger or stout 39(35.8%), 49(45.0%) took alcohol with additives and soda 19(38.8%) as most used additive for reasons of favoring strong drink 20(40.8%). This study revealed that alcohol consumption was harmful and many got information on effects of alcohol from friends and classmates. Alcohol consumption was seen to be associated with motor vehicle accidents. Beers, lager or stout were the most taken.
Keywords: Alcohol, Beers, Youths, Kizinda Town.

INTRODUCTION

A Global Youth-based Youth Health Survey conducted earlier in 2013 showed that 12.8% of the youth 15-18 had at least one drink containing alcohol on one or more days during the past 30 days. 15.2% of the youth indicated that they had drunk heavily on one or more occasion in their lives. 21% had experienced a hangover, felt sick, got into trouble with family/friends, missed school or got into fights as a result of drinking alcohol at least once. Alcoholism is a condition that results in the continued consumption of alcoholic beverages despite health problems and negative social consequences [1]

Globally it was stated that the consumption of alcohol has increased all over the world in the past decade [2]. With the health impact from alcohol strikes relatively early in life, it is the leading risk factor for mortality and the overall burden of disease in the 15–59 age group [3].

According to the study done by [4], alcohol was estimated to cause about 20-30% worldwide diseases of esophageal cancer, liver cancer, cirrhosis, homicide, epilepsy, and motor vehicle accidents. The knowledge of the diverse reasons influencing alcohol consumption among the youth age group is essential to intervene early and tackle this important problem among the youth.

In Africa, youth including secondary school students tend to adopt high risk patterns of alcohol use and have limited knowledge or skills to minimize alcohol related harm Adolescents are cognitively immature and vulnerable to experimentation with drugs because of social influences and commercial marketing strategies [5].

In East African countries, age-dis aggregated data is not available in the

World Health Survey about youth alcohol consumption alcohol [6]. Though data from the 2003 Ugandan Global School-based Student Health Survey show that 14% and 12% of boys and girls aged 15-20 years, respectively, reported that they had ever drunk so much alcohol that there were really drunk [7]

According to [8], about 90% of Ugandan youths over the age of 15 years have tried to use alcohol at least once. 'Binge drinking', drunken driving and unsafe sex can result from misuse of alcohol.

With these high rates of alcohol consumption among the youth and alcohol being tolerated as a socially acceptable drink yet it is responsible for most drug related deaths in the youth population. The research was prompted to a carry out a research study to assess the knowledge and practice on alcohol consumption among youth (15-30 years) in Kizinda town Bushenyi district especially those under the aged 15-30 years.

Problem statement

In was stated in [2] that young people have relatively little experience in alcohol use and lower tolerance to the effects of alcohol than experienced drinkers. WHO further strengthens that young people have less experience, knowledge and skill in minimizing alcohol related harms.

In Africa, youth including secondary school students tend to adopt high risk patterns of alcohol use and have limited knowledge or skills to minimize alcohol related harm Adolescents are cognitively immature and vulnerable to experimentation with drugs because of social influences and commercial marketing strategies [5].

In East Africa, Alcohol consumption is the leading cause of death among the youth. It contributes too substantially to youth motor vehicle crashes, suicides, date rapes, family and school problems [9]. Whereas Uganda was reported to have one of the highest levels of alcohol consumption in East Africa region, with an annual per capita alcohol consumption of 23.7 liters. Furthermore, some studies have associated alcohol use with an increased risk of road traffic accidents,

HIV infection, risky sexual behaviors, sexual coercion and intimate partner violence [6]

In Kizinda the study area, alcohol was easily accessible to youths of all age groups. Alcohol was mainly obtained from three sources namely bars, homes where it was brewed and shops. The bar owners freely sold alcohol to young people. In some cases, young people obtained alcohol from their homes and reason for the popularity of such bars was that they had some perks which were particularly attractive to young people. The bars were reported to have TV sets, Music, Band, Lodges and Prostitutes (LC 1 Kizinda).

Thus this study is to assess knowledge and practice on alcohol consumption among youth (15-30 years) in Kizinda town Bushenyi district

Aim of the study

To assess the knowledge and practice on alcohol consumption among youth aged 15-30 years in Kizinda town Bushenyi district.

Specific objectives

1. To establish the knowledge on the effect of alcohol consumption among the youth aged 15-30 years in Kizinda-town Bushenyi district.
1. To find out the practices on alcohol consumption among the youths aged 15-30 years in Kizinda-town Bushenyi District.

Justification of study

The research provided some insight to health educators on what the community thinks of alcoholism hence a better approach in counseling the youth.

It also acted as an eye opener to the social authorities on the disastrous effects alcohol is bringing to our community. Findings of this study may help on educating the youth on effects of alcohol on themselves, the community and its negative effects to their future. This research delivered findings of the study as well as possible solutions to some of administrative offices in the area, to the health units around and even upload some scripts on the internet such that even the youth who may be victims of alcohol abuse can freely access them and get started on the healing process.

Findings from the study will help in acquiring more knowledge about alcoholism and factors that increase abuse of alcohol in relevance to the future carrier as a health provider.

METHODOLOGY

Study design

The study used a cross-sectional study design which employs quantitative method of data collection.

Pre-test study

A prior visit of the study area was done and the tools for data collection were pre-tested on a small sample sized population of 10 respondents before the full-scale study in order to identify any problems such as unclear wordings, compliance and questionnaires taking too long to administer.

Study area

Kizinda town, the third largest town in the new district Bushenyi is located along Mbarara – Kasese highway 5km from Bushenyi town and 80 kilometers, by road, northwest of11347Mbarara, the largest city in the sub-region. The coordinates of the district are: 00 32S, 30 11E. It has only two hospitals, Ishaka Adventist Hospital, Kampala International University Teaching hospital and other several privately owned clinics. Kizinda town is in Igara Country in Kizinda trading Centre sub-county.

The major economic activities in Kizinda town Bushenyi district include but not limited to crop and animal farming, trade in retail and wholesale, bar and restaurant, carpentry and workshop for furniture. Hotels, food kiosks, motor cycles and taxi services, medical clinics, educational institutions and churches are also available. In the recent past there has been a rise in the number of bars, discotheques, wines and spirits shops as well as beer depots as they are proving to be a faster and more reliable source of income for the local residents.

Inclusion Criteria

All youths aged between 15-30 years irrespective of the sex consented and willing to participate and completed answering the questionnaire were included in the study.

Exclusion Criteria

Youths aged between 15-30 years who never consented and didn't complete answering the questionnaire were not excluded from the study.

Study population selection

The study targeted youth population of both male and female residents of Kizinda town Bushenyi district aged between 15 and 30years. From the whole of Bushenyi district, the study was carried out in Kizinda town as this is within their area of residence hence it was cheaper and easier to carry out the study. Systemic sampling method was used where a list of homes and businesses in Kizinda and Ishaka town were visited, Sampling interval of 4 were calculated for a constituent sample of 109 respondents. The first respondents were randomly selected by drawing a lottery of the first four homes/businesses on the list. There after every 4th home/business will be selected to participate.

Those who were not willing to participate were skipped and the next on the list were chosen.

Sample size determination and selection

It was derived from the formula below by Kish and Lashie in the year 1965

$$N= \frac{Z^2PQ}{D^2}$$

Where:

N - Sample size

Z - Score at 2 standard deviations of a normal standard distribution curve (1.96)

P – Estimated population size (64% or 0.64)

Q – 1-P (36% or 0.36)

D – Margin of error (0.09)

Therefore,

Sample size $(N) = \frac{1.96^2 \times 0.64 \times (1-0.64)}{0.09^2}$

Sample size **(N) = 109 (109.3)**

109 respondents will take part in the study.

Data collection tools and methods

Questionnaires were used as tools for data collection. They acted as a guide while interviewing and as a check list in making necessary observations. Both open ended and closed questions were used.

Data analysis

Data was manually fed into a computer into software known as epi-data, then specially created program for analysis (SPSS) version 16.0 was used to analyze and edit. This give results in terms of frequencies (percentages) which were translated and presented in form of tables and charts.

Ethical considerations

A permission letter was obtained from Kampala International University – Western Campus ethics committee and was presented to the local authorities in the study area. Informed consent was sort from all respondents who spoke English for effective communication. There was explanation to participants on the importance of carrying out the research and only to those who were willing and allowing to participate.

Also there was assurance that the information obtained would be kept confidential to avoid victimization and that once findings are compiled a copy of the report with outcomes and possible solutions was available at their local authorities.

Validity and reliability

Data collection tools were pretested to elicit deficiencies and loop holes. Necessary collections were also made on them to ensure effectiveness. The people who helped out were also trained in preparation for data collection.

This study was carried out during the allocated time frame, only respondents within the specified age bracket were considered and the study tried to ensure that other factors that could produce similar results like respondent having a medical condition or taking medication or drugs shall be ruled out. As a result, only fit subjects were considered and not those abusing multiple drugs or on medication that could give similar results. Again, this was not ascertained easily as some respondents were guarding information.

RESULTS

Study participants

The study population used was 109 participants. The data used was purely raw and real from the youths of Kizinda town Bushenyi. The participants were characterized with the following demographic characteristics.
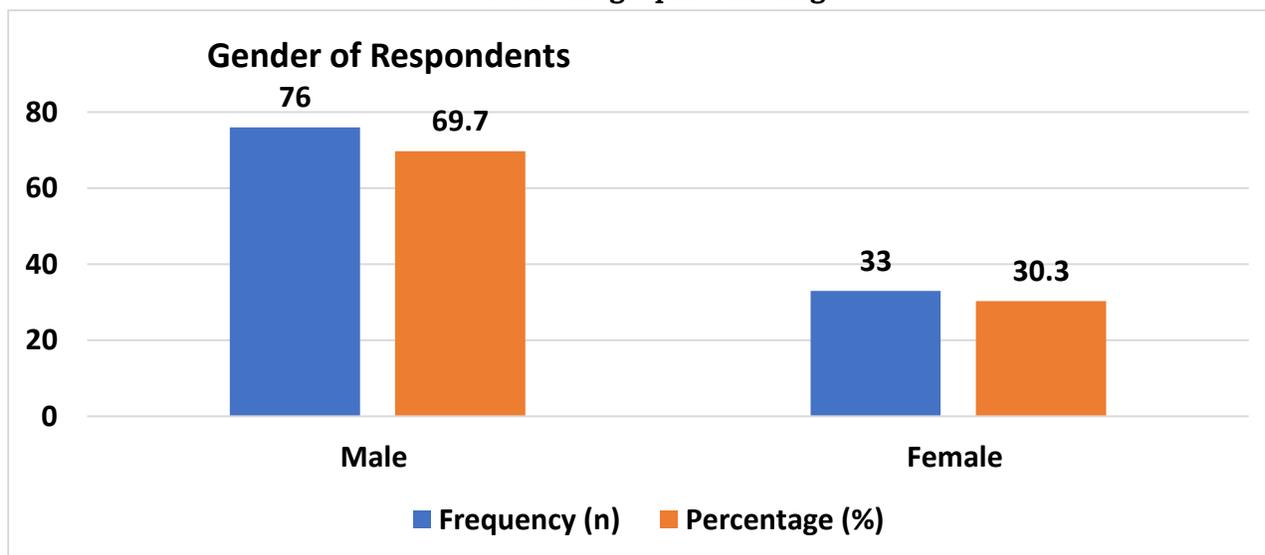
Social Demographic findings

Figure 1: A graph illustrating gender of the youth of Kizinda town Bushenyi
From the graph above, a greater number of participants were males, 76 (69.7%) compared to 33(30.3%) who were females.
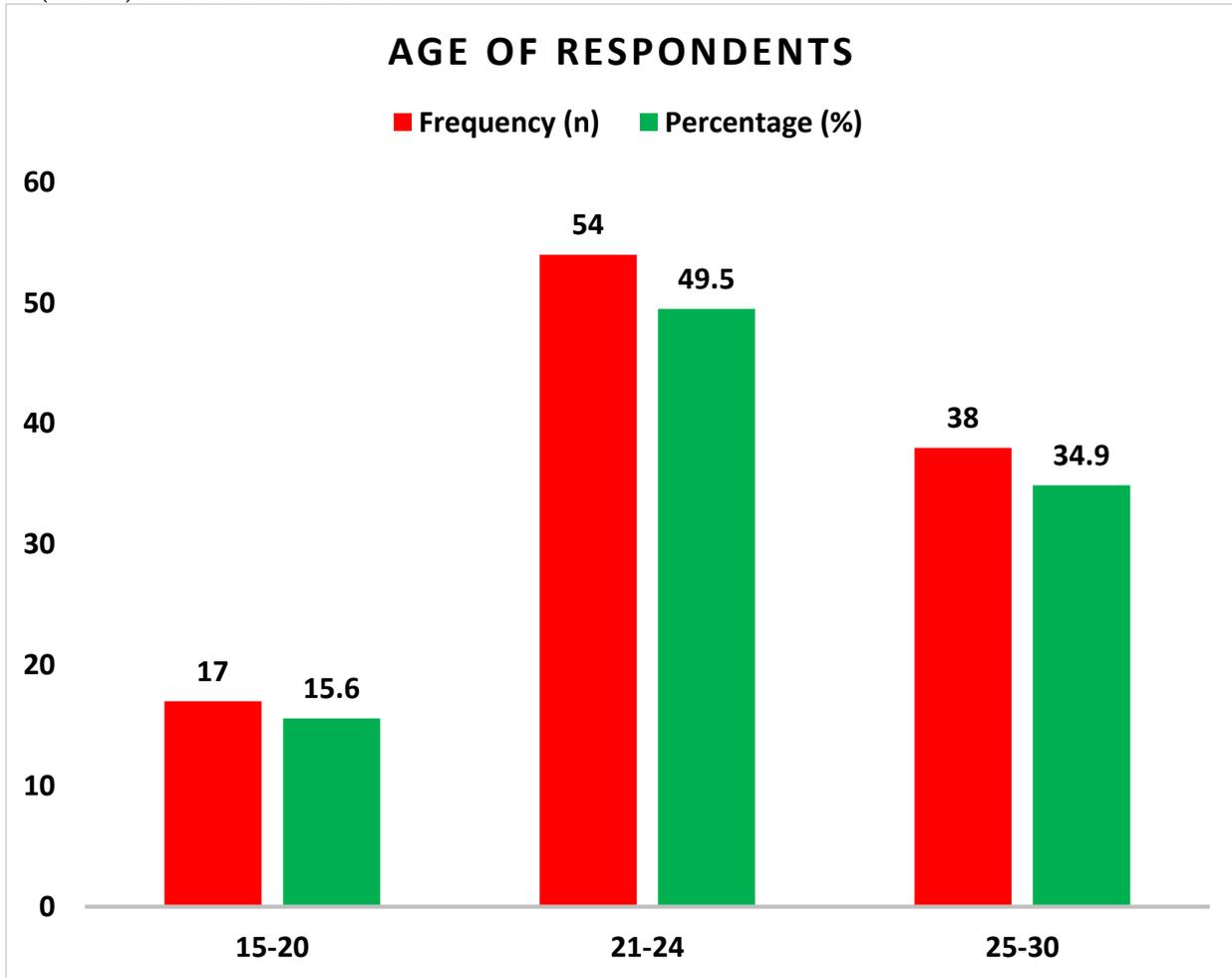
AGE OF RESPONDENTS

■ Frequency (n)   ■ Percentage (%)

Age	Frequency (n)	Percentage (%)
15-20	17	15.6
21-24	54	49.5
25-30	38	34.9

Figure 2: A graph illustrating age of the youths in Kizinda town Bushenyi
From the graph above, majority 54(49.5%) of the respondents were aged 21-24 years compared to 17(15.6%) who were aged 15-20 years.

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Table 1: Table illustrating social demographic characteristics of participants (n=109)

Variable		Frequency (n)	Percentage (%)
Religion	Muslims	22	20.2
	Catholics	30	27.5
	Protestants	28	25.7
	SDA	16	14.7
	Others	13	11.9
Education level	Illiterate	17	15.6
	Primary	22	20.2
	Secondary	36	33.0
	Tertiary/university	33	30.0
	Unspecified level	1	0.9
Marital status	Married	24	22.0
	Single	45	41.3
	Cohabiting	20	18.3
	Divorced	**19**	**17.4**

From the table above: A greater number of participants 30(27.5%) were Catholics compared to SDA 16(14.7%)
Majority 36(33.0%) of the participants were of secondary level compared to 17(15.6%) who were illiterate.

Majority of the participants 45(41.3%) were single compared to 19(17.4%) who were divorced.

Knowledge on the effect of alcohol consumption among the youth of Kizinda town
Table 2: Table illustrating how knowledge on the effects of alcohol consumption.

(n=109)

Variable		Frequency (n)	Percentages (%)
Ever faced problems as result of alcohol consumption	Yes	69	63.3
	No	40	36.7
Number of times of facing problems because of alcohol consumption	1 time	31	28.4
	2 times	36	33.0
	3 times	9	8.3
	4 or more times	13	11.9
	Unspecified number of times	20	18.3
Who to talk to for information on effects of alcohol	Friend / classmate	34	31.2
	Parents	25	22.9
	Relatives	16	14.7
	Religious leaders	19	17.4
	Youth counselors	15	13.8
Heard any information focusing on alcohol consumption	Radio & Television	66	60.5
	From Newspapers or magazine	17	15.6
	Posters/ billboards	11	10.1
	At community events	11	10.1
	From youth drama	4	3.7
Alcohol consumption is associated with serious harmful consequences	Yes	77	70.6
	No	32	29.4

From the table above, 69(63.3%) had ever faced problems as a result of alcohol compared to 40 (36.7%) had never faced any problem.

Many of the participants 36(33.0%) compared to 31(28.4%) faced problems because of alcohol 2 times and 1 time respectively.

In case of information on effects of alcohol many of the respondents 34(31.2%) talked to friends and classmates compared 15(13.8%) talked to youth counselors.

Majority of the participants 66(60.6%) heard information focusing on alcohol drinking from radios and televisions compared to 4(3.7%) who heard it from youth drama.

More than half 77(70.6%) of the respondents knew that alcohol is associated with serious health and social consequences compared to 32(29.4%) did not know about any consequences associated with alcohol consumption.
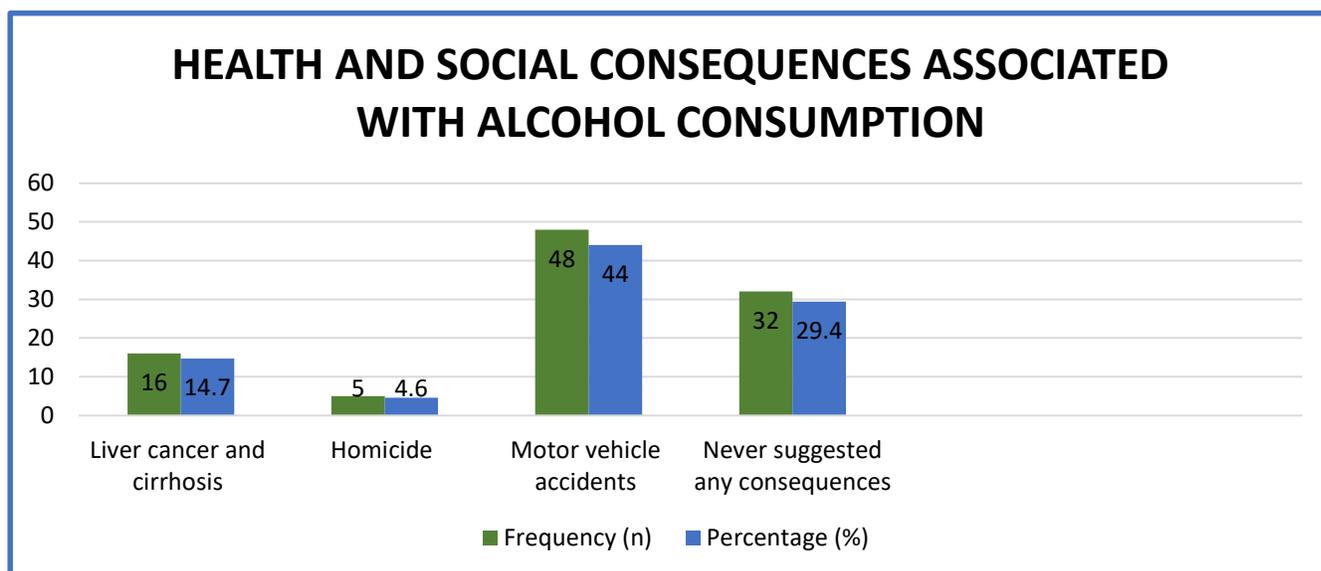
HEALTH AND SOCIAL CONSEQUENCES ASSOCIATED WITH ALCOHOL CONSUMPTION

Figure 3: Showing how health and social consequences associated with alcohol consumption among the youth of Kizinda town.

From the graph above, majority 48 (44.0%) said alcohol consumption was associated with motor vehicle accidents compared to 5(4.6%) who said it was associated homicide.

The practices on alcohol consumption among the youths of Kizinda town

Rate of consumption of alcohol among the youths of Kizinda town

Table 3: Table showing the rate of consumption and ages of the first drink of alcohol.

			(n=109)
Variable		**Frequency (n)**	**Percent (%)**
Number days of taking alcohol in 30 days	1-10 days (low)	60	55.0
	11-20 day(moderate)	9	8.3
	21-30 days (high)	35	32.1
	Had no drink containing alcohol (very low)	5	4.6
Age of first drink of alcohol.	10-11 years	29	26.6
	12-13 years	39	35.8
	14-16 years	8	7.3
	Older than 16 years	33	30.3
	Total	**109**	**100.0**

From the table above,35(32.1%) of the respondents had a high rate of consumption of alcohol taking alcohol in an interval of 21-30 days compared to 5(4.6%) never took alcohol in the last 30 days showing a very low rate of alcohol consumption. Majority 39 (35.8%) of the respondents drunk alcohol for their first time at the age of 12-13 years compared to 8(7.3%) at the age of 14-16 years.

Table 4: Table showing practices on alcohol consumption among the youth of Kizinda town

(n=109)

Variable		Frequency (n)	Percentage (%)
Place of drinking alcohol	Bars	25	22.9
	Homes	25	22.9
	Shops	50	45.9
	Unspecified	9	8.2
Number glasses or bottles of taken in the past 30 days	1-2 drinks	35	32.1
	3-4 drinks	62	56.9
	5 drinks and above	6	5.5
	Never drunk in past 30 days	5	4.6
	Unspecified glasses bottles	1	0.9
Types of alcohol usually taken	Beer, lager or stout	39	35.8
	Wine	15	13.8
	Local spirits (Waragi)	32	29.4
	Other types of local brews	23	21.1
Consume alcohol with additives	Yes	49	45.0
	No	60	55.0
Additives used with alcohol	Narcotic drugs	5	10.2
	Soda	19	38.8
	Water	18	36.7
	Medicine	1	2.2
	Others	6	12.1
Reasons mixing alcohol with additives	Dilute alcohol concentration	8	16.3
	Fear to be seen taking alcohol	16	32.7
	Neutralizing the bitter taste	5	10.2
	Favor strong drinks	20	40.8

From the table below, majority of the participants 50(45.9%) took alcohol from shops compared to 9 (8.2%) from unspecified place.

62(56.9%) of the respondents took 3-4 drinks of alcohol on days they drunk a lot compared to 1(0.9%) took unspecified bottles.

The most type of alcohol taken were beers, lager or stout accounting for 39(35.8%) compared to 15(13.8%) took wines.

Majority 60(55.0%) of the respondents never took alcohol with other additives compared to 49(45.0%) who took alcohol with additives

The most used additive was soda accounting to 19(38.8%) respondents compared to 1(2.2%) who used medicine.

Majority of the participants 20(40.8%) used additives to favor strong drink compared to 5(10.2%) who used additives in order to neutralize the bitter taste.

DISCUSSION

Knowledge on the effects of alcohol consumption among youth of Kizinda town Bushenyi

According the study findings, results showed that 69 (63.3%) of the youths had ever faced problems as a result of alcohol with 36 (33.0%) facing problems twice this is may be due to the urge to explore and excessive drinking and this agrees with a study done by [10] were in his study majority of the students, 91.2%, perceived alcohol consumption as harmful.

According to the study results, information on effects of alcohol, majority 34 (31.2%) of the youths talked to friends and classmates this is because they spend more time with them and are more open to them which disagrees with the findings of [11], were the source of information was from family members about the effects of alcohol.

According to the study findings, Majority 66 (60.6%) of the youths had heard information focusing on alcohol drinking from radios and televisions this is due to these medias being one of most accessible medias of bigger population coverage the thus agreeing with Jenny John Cheriathu study done in 2012 were his study revealed that the television and radios were among common source of knowledge regarding effect of alcohol.

According to the study findings, majority 77 (70.6%) of the youths knew that alcohol consumption is associated with serious health and social consequences this is may be because some of them had ever been culprits, seen friends or relatives with serious health and social problems as a result of alcohol consumption thus agreeing with [12] in his study that revealed that Severe health-associated risk was attributed to drinking alcohol by 63% and about 334 (81.3%) responded that social problems were associated with alcohol consumption.

From the study results, majority of the youths 48 (44.0%) said alcohol was associated with motor vehicle accidents and this may have been due to occasional witnessed road traffic accidents occurring as a result of the culprits being drunk, thus concurring with ministry of health where traffic accidents were said to be high among alcohol drinker (Box, 2007) and further more agrees with a study done by [6] were alcohol use was associated with an increased risk of road traffic accidents, HIV infection, risky sexual behaviors, sexual coercion and intimate partner violence.

Practices of alcohol consumption among youths of Kizinda Town Bushenyi district.

Rate of consumption of alcohol, the study finding revealed that 35 (32.1%) of youth in Kizinda consumed alcohol on a high rate, taking alcohol almost every day, this may have been due to the easy accessibility of the alcohol and to some extent this agrees with [12] where Rates of drinking among college students and other young adults are also high. But disagrees with [13], where only 6.7% were heavy drinkers compared to 32.1% of this study.

According to findings of the study, majority of the youths 39 (35.8%) drunk alcohol for their first time at the age of 12-13 years which may have been due to

ease of access and desire to explore which slightly agrees with the findings of [13], who also showed majority (42.8%) drank alcohol for their first time between 11 and 14 years of age. Author in [14] further argued that teenagers begin drinking before the age of 15 thus concurring with this study findings. The survey in [12][14][15][16][17] also supports this by saying that thirteen- to fifteen-year-olds are at high risk to begin drinking.

According to this study results, majority of the youths 50(45.9%) took alcohol from shops, and this may have been due to the fear to be seen which disagrees with a study done by [9], in 2008 were young men are more likely to drink openly in the bars and in trading centres. They preferred such open places where they could be seen.

According to the study findings, Majority of the youths 62(56.9%) took 3-4 drinks of alcohol on days they drunk a lot this may have been due to lack of money to take more. These findings disagree with findings by [15][18][19][20], who said that more than 5 drinks were taken on occasions where alcohol consumption among youth was high.

According to the study results, most of the youths 39(35.8%) took lager or stout this is due this type being the most commonly sold in bars, which is similar to the findings by [9][16][21][22][23], that found that young people drink both locally produced brew and factory brewed alcohol and further found out that those without enough money were reported to drink a local gin, commonly known as waragi [24] [9] [25] [26] [27] [28] [29] [30] [31].

According to the study results, Majority of the youths 60(55.0%) never took alcohol with other additives may be because they never needed any form of change in the effect of the products of alcohol consumed which agrees with the study done by [9] were alcohol was consumed with other additives and these included drugs, soda, water, and medicines.

The commonest used additive was soda accounting to 19(38.8%) of the respondents as most of the youths 20(40.8%) used additives to favor strong drink, which agrees with the study by [26][27][20] where soda and water were among the commonest additives used. Though reasoning was different from that of this study since according to council et al 2015, the reasons for adding foreign objects in alcohol was disguising what one was drinking.

CONCLUSION

In conclusion, this study revealed that youth in Kizinda consumed alcohol on a high rate on daily basis and most of the youths started to take alcohol for their first time at the age of 12-13 years. High-rate alcohol consumption was seen among the youth aged 20-24 years and majority in this age group are mostly students. The findings of the study also proven that alcohol consumption is harmful and majority got information on effects of alcohol from friends and classmates. Radios and televisions played a big role on delivering information on alcohol drinking. Alcohol was seen to be associated with serious health and social consequences such as motor vehicle accidents. On days where participants drunk a lot, they drank 3-4 drinks and the commonest type of alcohol taken were beers, lager or stout. The commonest drinking places were shops and 45.0% of the youths took alcohol with additives such as soda. The main reason of using additives was to favor strong drink and fear to been seen taking alcohol.

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