

## **Factors Influencing Youth alcoholism in Ishaka Division Bushenyi-Ishaka Municipality.**

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### **ABSTRACT**

Alcohol abuse and alcohol dependence among the youths have become a global burden hindering development, imparting high expenditures on treatment and counseling the victims of alcoholism as well as the accelerated domestic violence and its effects. Uganda in general and Bushenyi Ishaka in particular, alcohol constitutes an important role for road traffic accidents and other related crimes. This study was planned to assess the factors influencing the youth to alcoholism. A descriptive cross sectional study design, quantitative in nature was carried out. Using convenience sampling a total of 96 respondents were recruited in the study. All of the 96 questionnaires were returned completely filled. Majority (71%) strongly agreed that social deprivation was a leading cause to alcoholism among the youth. Other identified risks included personal characteristics (73%), mental problems (63%) and peer influence and exposure being supported by 67.7% to be a contributor to alcoholism among youth. It is recommended that controlling advertisement through the media, hiking prices for the alcoholic drinks and putting laws governing alcohol consumption among the youth would reduce the trend.

**Keywords:** Alcohol, Youths, drinks, crimes.

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### **INTRODUCTION**

Alcoholism refers to drinking alcohol that result in problems. It is divided into two types that is; Alcohol abuse and alcohol dependence [1]. In the medical context alcoholism is said to exist when two or more of the following are present; A person who drinks a large amount over a long period of time, has difficulty cutting it down, acquiring and drinking alcohol takes up a great deal of time, alcohol is strongly desired, usage results in not fulfilling responsibilities, usage results in social problems and usage results in health problems [2].

Globally, it is estimated that about 76.3 million people have a diagnosable alcohol abuse disorder [3]. The global burden related to alcohol consumption both in terms of morbidity and mortality is considerably high as

alcohol consumption causes 3.2% of deaths (1.8 million people) and 4.0% of Disability Adjusted Life Years (DALYS) [4].

The World Health Organization estimated that about 2 billion people worldwide consume alcohol, of which approximately 76.3 million have a diagnosable alcohol abuse disorder, such as excessive drinking and alcohol dependence [5]

Worldwide, adults (age 15 years and older) consume an average of 5 liters of pure alcohol from beer, wine and spirits each year. Abuse of alcohol, including binge and underage drinking, is the third leading preventable causes of death in the United States [6].

In Africa, the patchy research conducted among secondary school students in Zimbabwe in 2012, showed

that substance abuse is quite prevalent with 45% alcohol abuse [7] Alcohol use and abuse by students in Kenya, was found to be wide spread, on the increase and therefore the most frequently (68.8%) used substance among the study population [8].

A study done by [9] revealed that 10% of the youth patients in Butabika National Mental Hospital of Uganda had alcohol/drug related conditions. In another similar study done in 14 districts of Uganda, Adjumani, Apac, Arua, Kaberamaido, Kapchorwa, Katakwi, Lira, Moyo, Nebbi, Soroti, Yumbe, Bushenyi, Bugiri and Mubende, the mean prevalence of alcohol abuse for the study was 17.4%, with the least affected district being Yumbe (7.1%) and Bushenyi (9.8%) and the worst affected districts were Apac (25.4%) and Moyo (20.3%)

Uganda lacks a clear alcohol policy. The commercial sale of traditionally produced spirits is regulated by the Liquor Licensing act of 1964 that forbids the sale and consumption of crude Waragi (local spirit). Such a law is outdated, weak and worse still not enforced. There is no law to regulate alcohol producers to prevent unfair advertising practices [10].

Alcohol abuse undermines motivation, interferes with cognitive processes, contributes to mood disorders and increases the risk of accidental injury or death [11].

Youths are affected by alcohol consumption, and are vulnerable to the subsequent effects of the consumption which includes among others effects to the brain, heart, pancreas and liver. During pregnancy can cause damage to the baby resulting in fetal alcohol spectrum disorders [12].

Alcohol addiction is common especially among the youth. Youth prefer strong alcohol spirit like royal gin, Signature, vodka, Beckam and Tyson waragi brands which are easily accessible in miniature sachets at low price. Alcohol abusers display signs of increased alertness, excitements, energy,

talkativeness, increased loss of appetite and difficulty in sleeping [13]. It is estimated that alcohol causes suffering to at least 70% of the population either directly or indirectly [14].

Both environmental and genetic factors are associated with alcoholism with about half the risk attributed to each. A person with a parent or sibling with alcoholism is three to four times more likely to be alcoholic. Environmental factors include social, cultural and behavioral influences. High stress levels, anxiety as well as in expensive easily accessible alcohol increases risk [15]

The problems found that led to this research work is as detailed: The World Health Organization (WHO) estimated that as of 2010 there were 208 million people (4.1%) with alcoholism worldwide and a total of 3.3 million deaths due to alcoholism worldwide [16].

In Africa, while average per capita consumption is very low, the highest proportion of binge drinkers (25%) in the world are in Africa with 12% being of the ages 15-24 years hooked into alcohol [17].

A study in Mulago hospital in Kampala found that alcohol constituted an important factor for road traffic injuries [18]. A survey of 5109 female youth in Rakai found a strong association between alcohol consumption and domestic violence [6]. Another study in rural Uganda found a high rate of HIV prevalence among people who consumed alcohol [19].

In Bushenyi-Ishaka, alcohol is widely abused by both young men and women and is a serious contributor to HIV infection, especially among youths and is the reason as to why the researcher developed an interest to assess the factors influencing youth to alcoholism so as to lay strategies to reverse the surge. This project aimed at assessing the factors influencing the youth to

alcoholism in Ishaka division Bushenyi-Ishaka municipality.

#### **The research questions**

- i) What are the influencing factors to alcoholism among the youth in Ishaka division Bushenyi-Ishaka municipality?
- ii) What are the consequences of alcoholism among the youth in Ishaka division Bushenyi-Ishaka municipality?
- ii) What strategies can be put in place to reduce alcohol abuse among the youth in Ishaka division Bushenyi-Ishaka municipality?

#### **Justification of the study**

The harmful use of alcohol ranks among the top five risk factors for disease, disability and death throughout the world. It is a causal factor in more than 200 disease and Road Traffic Accidents. Therefore; the findings of this study will be beneficial to;

#### **Study Design and rationale.**

This study was conducted through a descriptive cross-sectional study design quantitative in nature. This study design allows rapid data collection and a snap short interaction with a small group of respondents at a certain point in time thus allowing conclusions about phenomena across a wide population to be drawn hence the reason for its simplicity and cost effectiveness [20]. The study design was used to examine the youth in Ishaka division by assessing the factors influencing the youth to alcoholism.

#### **Study setting.**

The study was conducted from Ishaka division in Bushenyi-Ishaka municipality. Ishaka division is 375 km south west of Kampala, Uganda's capital city Ishaka division comprises of 3 wards namely. Town ward, ward 3, and Bulamba ward. Town ward has 2 cells namely; cell A and cell B, Ward 3 has 2 cells namely; Katungu and Bugomoro, Bulamba ward has 3 cells namely; Bulamba 1, Bulamba 2, Bulamba 3. Economic activities in the study area include small scale businesses like retail shops, agriculture

#### **i) The community**

The community members will be encouraged to refrain from the practice of alcoholism owing to its detrimental effects.

#### **ii) Nursing research**

The study findings will be used as a reference for other researchers with similar interest in assessing influencing factors to alcoholism among the youth.

#### **iii) Nursing education**

The recommendations generated from this study may be integrated into nursing curriculum in order to address youth concerns.

#### **iv) Nursing practice**

The study findings will be used to develop strategies to reduce the prevalence of alcoholism through health education promotion in the health facilities.

### **METHODOLOGY**

whereby Matooke is largely grown for sale and home consumption. The study area has 2 secondary schools, 4 primary schools and 2 hospitals.

#### **Study Population.**

The study population consisted of youth aged 18-34 years in Ishaka division Bushenyi Ishaka municipality.

#### **Sample size determination.**

Sample size was determined using [21] method in which the sample size is given by the expression:

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

n = desired sample size

Z = Standard normal deviation usually set at 1.96 for maximum sample at 95% confidence level.

p = 50% (constant) or 0.5 since there were no measures estimated.

Therefore,

$$P = 1 - 0.5 = 0.5$$

$$q = 1 - p = 1 - 0.5 = 0.5 \text{ and,}$$

d = Degree of accuracy desired 0.1 Or 10% error acceptance (at 95% confidence level or 0.09 probability level)

By Substitution we get:

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.1 \times 0.1} = 96$$

n=96. Therefore, the sample size was 96.

#### **Sampling procedure and rationale**

The researcher used convenient sampling method which is a non-probability sampling method where participants were selected based on their convenient accessibility and proximity to the researcher. Convenient sampling is cheap as facilitates data collection in a short period of time [22].

#### **Selection criteria Inclusion criteria**

The study included all youth aged 18-34 years who were present at the time of the interview and were willing to consent for the study.

#### **Exclusion criteria**

Respondents who were very sick, mentally ill, the deaf and those who did not consent were excluded from the study.

#### **Definition of variables**

##### **Dependent variable**

Alcoholism among youth aged 18-34 years.

##### **Independent variable**

Factors contributing to alcoholism.

Consequences of alcoholism.

Strategies for prevention of alcoholism.

##### **Research Instruments**

A structured questionnaire was used as a tool for gathering information. The structured questionnaire was divided into four sections; the first section was used to collect data about socio-demographic profile, the second section assessed factors contributing to alcoholism, the third section assessed consequences of alcoholism and the fourth section assessed strategies for prevention of alcoholism among the youth.

##### **Data collection procedure**

The researcher introduced himself to the prospective participants and read to the individual participant the consent form that detailed the title and

purpose of the study as well as the rights of the participant. Whenever a participant agreed to be interviewed he/she was asked to provide written consent by signing or fingerprinting. If they refused to participate the interview would not proceed.

After obtaining the written consent, the researcher entered the questionnaire serial number and date of interview and proceeded from the first up to the last question using the language understood by the participant. The researcher entered responses given by the participant by ticking the appropriate response and entering the same number in to the coding box. This was done to ensure data quality as the response number ticked was supposed to be the same as the one entered in the coding box. If the numbers were different it was not a valid response. The researcher reviewed the questionnaires on a daily basis to ensure they were being completed correctly and any errors corrected to avoid being repeated. The process of data collection continued until every effort to contact every study participant in the sample was exhausted. All completed questionnaires were kept safe by the researcher until time of analysis.

##### **Data management**

Completed questionnaires were checked for accuracy, for any missing data and completeness on a daily basis after data collection at the end of the day. This was followed by coding and entry of the data using Epi info 3.4.1 software for Windows and double entry into Statistical Package for Social Scientists (SPSS) version 16.0 software for analysis.

##### **Data analysis and presentation**

Data was analyzed by descriptive statistics using SSPS version 16.0 software and presented in frequency tables, pie charts and bar graphs.

##### **Quality control techniques**

For reliability and validity, the questionnaires were pretested with a tenth of the sample size outside study

area. The questionnaire was then revised and content adjustments made accordingly. After data collection, questionnaires were checked daily, for completeness, clarity, consistency and uniformity by the researcher.

#### **Ethical consideration**

A letter of introduction was obtained from Kampala International University Western Campus School of Nursing sciences to permit the researcher to carry out the research.

Permission was obtained from town clerk Ishaka division.

All participating respondents were selected on the basis of informed consent.

The study was on voluntary basis and information was kept private and confidential. Participants' anonymity was kept. The study was conducted while upholding the professional cord of conduct in a manner that did not compromise the scientific inclinations of the research.

### **RESULTS**

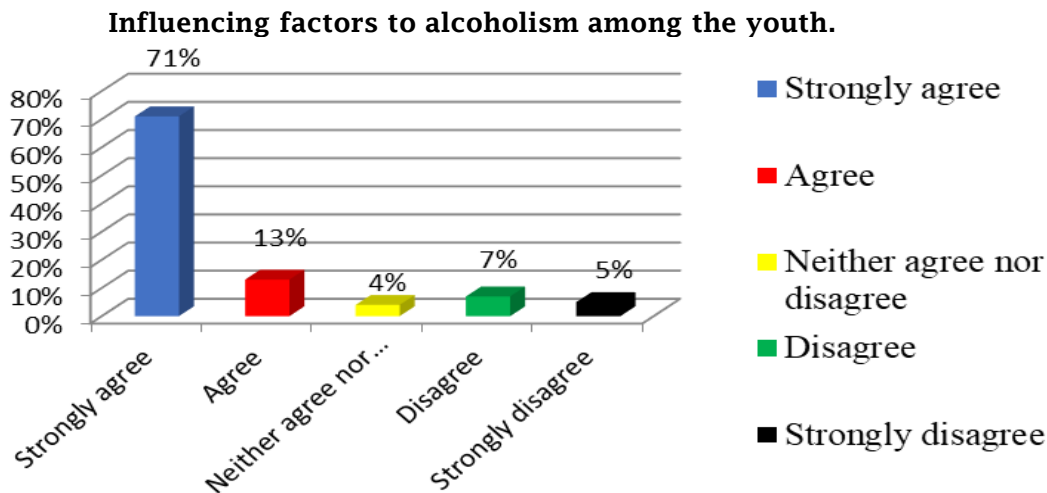
#### **Bio demographic data**

**Table 1: Shows bio demographic data of the respondents (n=96)**

Bio demographic parameter		Frequency(n)	Percentage (%)
Age(Years)	18-23	51	53.1
	24-29	28	29.2
	30-35	17	17.7
	<b>Total</b>	<b>96</b>	<b>100</b>
Sex	Male	92	95.8
	Female	4	4.2
	<b>Total</b>	<b>96</b>	<b>100</b>
Tribe	Munyankole	96	100
	Muganda	-	-
	Others	-	-
	<b>Total</b>	<b>96</b>	<b>100</b>
Religion	Christian	88	91.7
	Moslem	8	8.3
	Others	-	-
	<b>Total</b>	<b>96</b>	<b>100</b>
Marital status	Married	27	28.1
	Single	69	71.9
	Divorced	-	-
	Widowed	-	-
	Concubine	-	-
	<b>Total</b>	<b>96</b>	<b>100</b>
Employment status	Employed	-	-
	Un employed	91	94.8
	Self employed	5	5.2
	<b>Total</b>	<b>96</b>	<b>100</b>
Education	None	5	5.2
	Primary	78	81.3
	Secondary	13	13.5
	Tertiary	-	-
	<b>Total</b>	<b>96</b>	<b>100</b>

More than half of the respondents (53.1%) were of the age range between 18-23 years while only 17.7% were between 30-35 years. Most of the respondents (62.5%) were male while only 37.5% were female. All the respondents (100%) were Banyankole. Majority of the respondents (91.7%) were Christians while only 8.3% were

Moslems. Most of the respondents (71.9%) were single while only 39.6% were married. Most of the respondents (94.8%) were un employed while only 5.3% were self-employed. Most of the respondents (81.3%) attained primary level of education while only 5.2% tertiary level of education.



**Figure 1: Shows response on whether social deprivation may lead early alcoholism among the youth (n=96).**

Most of the respondents (71%) strongly agreed that social deprivation may lead to early alcoholism among the youth

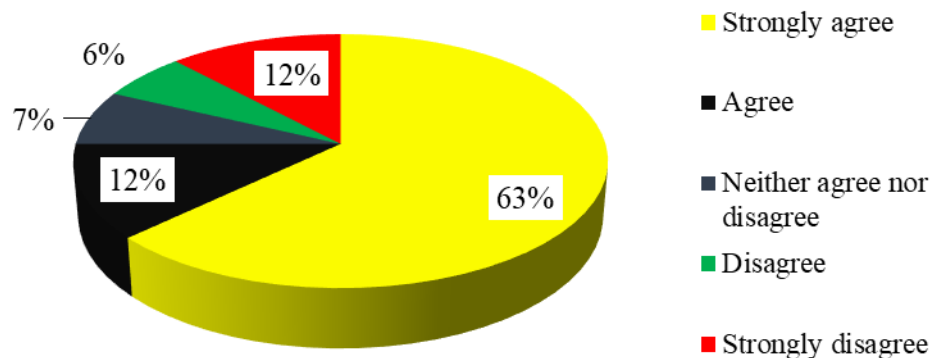
while only 4% neither agreed nor disagreed.

**Table 2: Shows response whether personal characteristics may be a contributing factor to alcoholism among the youth (n=96).**

Response	Frequency (n)	Percentage (%)
Strongly agree	74	77.1
Agree	12	12.5
Neither agree nor disagree	-	-
Disagree	7	7.3
Strongly disagree	3	3.1
<b>Total</b>	<b>96</b>	<b>100</b>

Most of the respondents (73%) strongly agreed that personal characteristics may be a contributing factor to

alcoholism among the youth while only 3.1% strongly disagreed.



**Figure 2: Shows responses on whether mental problems such as depression or anxiety could lead to alcoholism among the youth (n=96).**

Most of the respondents strongly (63%) agreed that mental problems such as depression or anxiety could lead to

alcoholism among the youth while only 6% disagreed.

**Table 3: Shows response whether parents and others siblings can influence the propensity of youth to alcoholism (n=96).**

Response	Frequency (n)	Percentage (%)
Strongly agree	28	29.2
Agree	61	63.5
Neither agree nor disagree	-	-
Disagree	4	4.2
Strongly disagree	3	3.1
<b>Total</b>	<b>96</b>	<b>100</b>

Most of the respondents (63.5%) strongly agreed that parents and others siblings can influence the propensity of

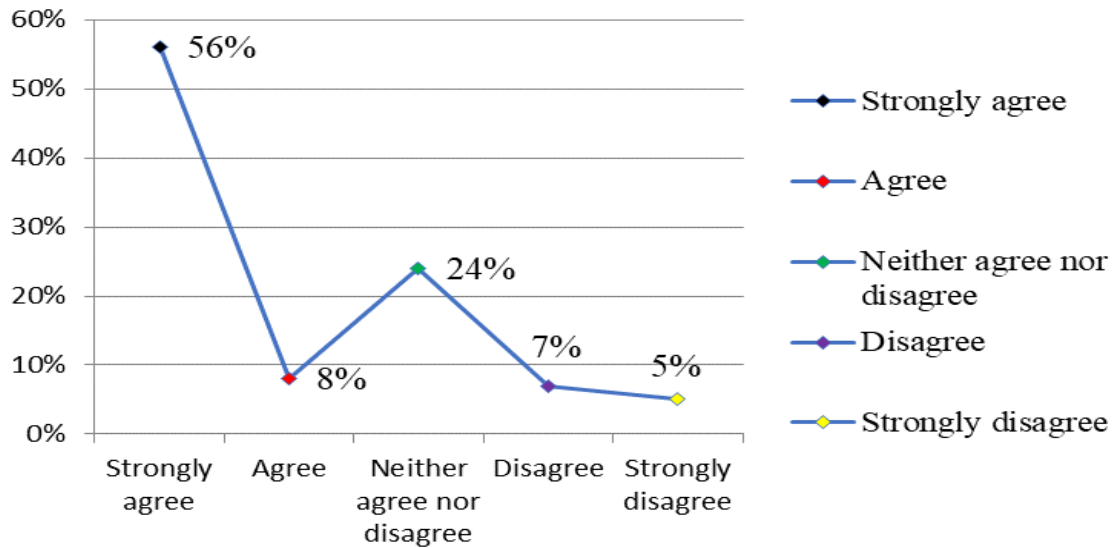
youth to alcoholism while only 3.1% strongly disagreed.

**Table 4: Shows response on whether peer pressure could influence alcoholism among the youth (n=96).**

Response	Frequency (n)	Percentage (%)
Strongly agree	65	67.7
Agree	23	24
Neither agree nor disagree	-	-
Disagree	5	5.2
Strongly disagree	3	3.1
<b>Total</b>	<b>96</b>	<b>100</b>



Most of the respondents (67.7%) strongly agreed that peer pressure could influence alcoholism among the youth while only 3.1% strongly disagreed.



**Figure 3: Shows response on whether the media can influence tendency to alcoholism among the youth (n=96).**

More than half of the respondents (56%) strongly agreed that the media can influence tendency to alcoholism

among the youth while only 5% strongly disagreed.

#### Consequences of alcoholism among the youth.

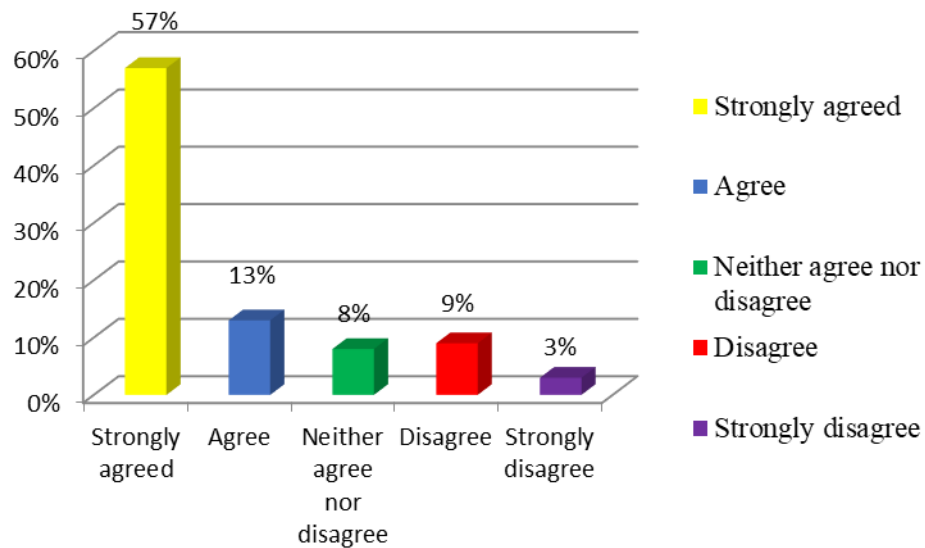
**Table 5: Shows response on whether alcoholism may lead to sexual degeneration such as having multiple sexual partners (n=96).**

Response	Frequency (n)	Percentage (%)
Strongly agree	69	71.9
Agree	17	17.7
Neither agree nor disagree	2	2.1
Disagree	5	5.2
Strongly disagree	3	3.1
<b>Total</b>	<b>96</b>	<b>100</b>

Most of the respondents (71.9%) strongly agreed that alcoholism may lead to sexual degeneration such as

having multiple sexual partners while only 2.1% neither agreed nor disagreed.





**Figure 4: Shows response on whether alcoholism can lead to birth defects among babies of alcoholic mothers (n=96).**

More than half of the respondents (57%) strongly agreed that alcoholism can lead to birth defects among babies

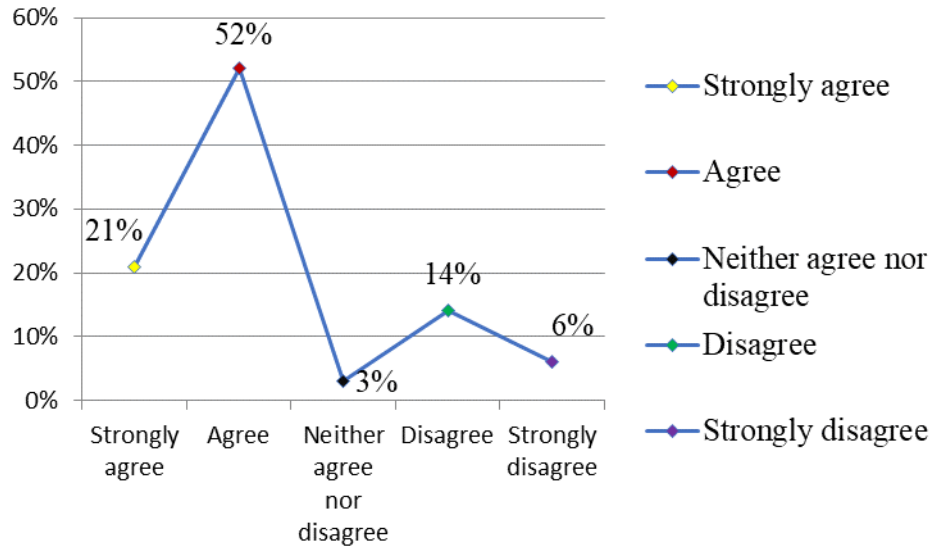
of alcoholic mothers while only 3% strongly disagreed.

**Table 6: Shows response on whether alcoholism increases risk of acquiring STDs (n=96).**

Response	Frequency (n)	Percentage (%)
Strongly agree	11	11.5
Agree	77	80.2
Neither agree nor disagree	3	3.1
Disagree	2	2.1
Strongly disagree	3	3.1
<b>Total</b>	<b>96</b>	<b>100</b>

Majority of the respondents (80.2%) agreed that alcoholism increases risk of

acquiring STDs while only 2.1% disagreed.



**Figure 5: Shows response on whether alcoholism can lead to increased road traffic accidents (n=96).**

More than half (52%) of the respondents agreed that alcoholism can lead to increased road traffic

accidents while only 3% neither agreed nor disagreed.

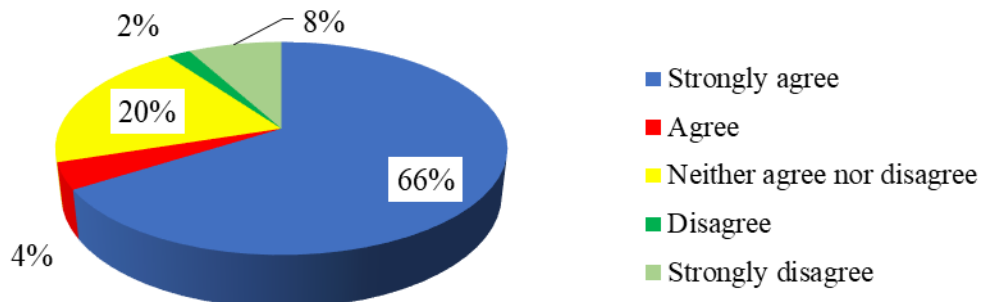
**Table 7: Shows response on whether alcohol can impact on the youth academic performance (n=96).**

Response	Frequency (n)	Percentage (%)
Strongly agree	15	15.6
Agree	71	74
Neither agree nor disagree	-	-
Disagree	3	3.1
Strongly disagree	7	7.3
<b>Total</b>	<b>96</b>	<b>100</b>

Most of the respondents (74%) agreed that alcohol can impact the youth

academic performance while only 3.1% disagreed.

**The strategies that can be put in place to reduce alcohol consumption (n=96).**



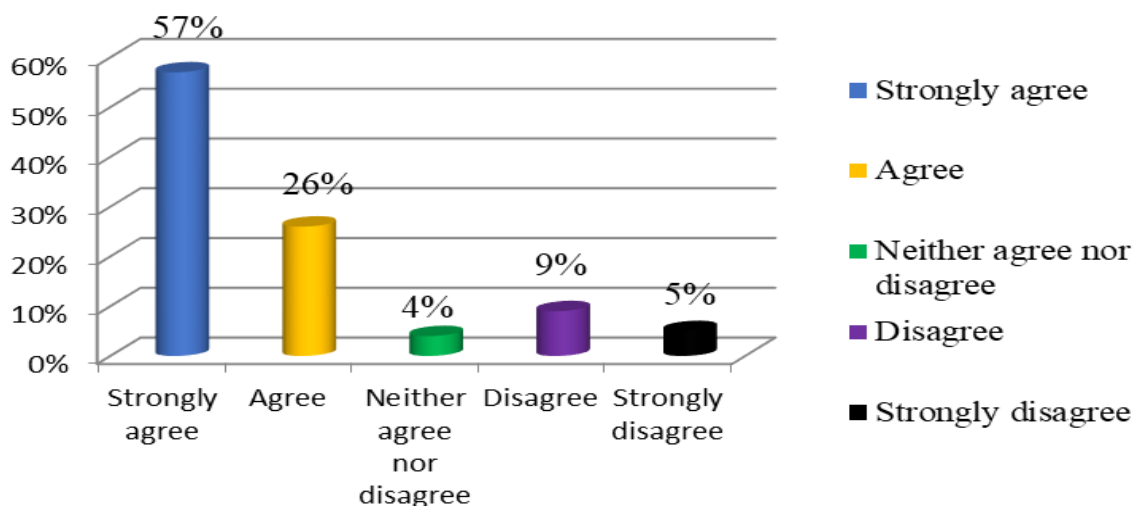
**Figure 6: Shows response on whether community education would help reduce alcoholism (n=96).**

Most of the respondents (66%) strongly agreed that community education would help reduce alcoholism among the youth while only 2% disagreed.

**Table 8: Shows response on whether community programs are important interventions in the fight against alcoholism (n=96).**

Response	Frequency (n)	Percentage (%)
Strongly agree	57	59.4
Agree	16	16.7
Neither agree nor disagree	-	
Disagree	8	8.3
Strongly disagree	15	15.6
<b>Total</b>	<b>96</b>	<b>100</b>

More than half of the respondents (59.4%) strongly agreed that community programs were important interventions in the fight against alcoholism while only 8.3% disagreed.



**Figure 7: Shows response on whether regulating the sale and production of alcohol would help minimize alcoholism among the youth (n=96).**

More than half (57%) of the respondents strongly agreed that regulating the sale and production of alcohol would help minimize alcoholism among the youth while only 4% neither agreed nor disagreed.

**Table 9: Shows response on whether setting income generating activities to occupy the youth would help minimize alcoholism among the youth (n=96).**

Response	Frequency (n)	Percentage (%)
Strongly agree	68	70.8
Agree	19	19.8
Neither agree nor disagree	-	-
Disagree	7	7.3
Strongly disagree	2	2.1
<b>Total</b>	<b>96</b>	<b>100</b>

Most of the respondents (70.8%) strongly agreed that setting income generating activities to occupy the

youth would help minimize alcoholism among the youth while only 2.1% strongly disagreed.

### DISCUSSION

#### Bio demographic data

More than half of the respondents (53.1%) were of the age range between 18-23 years while only 17.7% were between 30-35 years. Young adults are always involved in “discovery behaviors”, therefore they will want to take alcohol and see how it may benefit or worsen their lives. This study finding are related to study findings [16] who reported that over 4.1% of the population over 15 years of age are engaged in alcoholism.

Most of the respondents (62.5%) were males while only 37.5% were females. Alcoholism is very common among males compared to females because African cultures do not put restrictions to males unlike females. All the respondents (100%) were Banyankole alcohol is part and parcel of traditional African ceremonies which include marriage ceremonies, child naming ceremonies among others. This therefore ensures increased availability for consumption even among the youth.

Majority of the respondents (91.7%) were Christians while only 8.3% were Moslems. Religion plays a pivotal role in the fight against alcoholism through religious summons in church or mosques and engages youth in self-help programs to divert their minds from meditating about where and how to get alcohol. The more youth tend to associate with church teachings and

norms, the moreless likely to abuse alcohol.

Most of the respondents (71.9%) were single while only 39.6% were married. Though married individuals are expected to spend most of their time and energy working to meet family needs, it is not always the case for some individuals who see taking alcohol as an “avenue for charging the brain and improve thinking as well as ability to solve family issues”.

Most of the respondents (94.8%) were unemployed while only 5.3% were self-employed. Un employed youth tend to idol and focus their minds on alcoholism as form of socialization as a way of passing time and mask stress. Most of the respondents (81.3%) attained primary level of education while only 5.2% tertiary level of education. Individuals with better education have good health seeking behaviors and wield positive influence on others.

#### Influencing factors to alcoholism among the youth

Most of the respondents (71%) strongly agreed that social deprivation may lead to early alcoholism among the youth while only 4% neither agreed nor disagreed. Heavy drinking by young people is more pronounced in areas with high social deprivation like where there is no one to advise them that such behaviors as alcoholism are dangerous to their health. This study finding are in line with the findings of

[23] who found in a survey of 1,250 young people living in deprived communities in Britain that 39% drank up to 20 units per week.

Most of the respondents (73%) strongly agreed that personal characteristics may be a contributing factor to alcoholism among the youth while only 3.1% strongly disagreed. Personal characteristics may increase the likelihood that youth will engage in underage drinking. These study findings agree with the findings of [22] who stated that impulsive or excitement-seeking youth and young adults are more likely to drink alcohol.

Most of the respondents (63%) strongly agreed that mental problems such as depression or anxiety could lead to alcoholism among the youth while only 6% disagreed. Youth with anxiety disorders may drink in order to relieve anxiety and thus improve their public performance and socialization behaviors. Similarly, youth who face mental health problems because of physical or sexual abuse may turn to alcohol as a solution to their trauma. This study finding are in line with the findings of [24] who stated that youth with mental health issues, such as depression or attention deficit hyperactivity disorder, may be at higher risk for alcohol abuse.

Most of the respondents (63.5%) strongly agreed that parents and others siblings can influence the propensity of youth to alcoholism while only 3.1% strongly disagreed. Parents and siblings can influence a youth's propensity to start drinking. If parents do not set clear behavioral expectations or monitor their children's behavior, children may be more likely to participate in underage drinking. This study finding concur with the findings of [25] who stated that youth are more likely to drink alcohol when at least one of their parents has a history of alcoholism and alcohol use. The study findings also agree with the findings of [26] who

stated that family conflict is associated with increases in youth alcohol use.

Most of the respondents (67.7%) strongly agreed that peer pressure could influence alcoholism among the youth while only 3.1% strongly disagreed. During adolescence, youth strive for acceptance by their peers. They want to fit in and often choose peer groups whose values and behaviors are similar to their own. If drinking is a typical activity for these groups, they are much more likely to drink. This study finding are in line with the findings of [27] who stated that underage drinking often occurs at social events that peer groups attend, such as sports events, concerts, and parties.

More than half of the respondents (56%) strongly agreed that the media can influence tendency to alcoholism among the youth while only 5% strongly disagreed. in today's culture, youth and young adults are bombarded with media and advertisements about drinking. This study finding agree with the findings of [28] who stated that often, the media make drinking appear sexy and fun and that advertising may include items with alcohol brand names, and alcohol companies may sponsor popular events or give free products to young people

#### **Consequences of alcoholism among the youth**

Most of the respondents (71.9%) strongly agreed that alcoholism may lead to sexual degeneration such as having multiple sexual partners while only 2.1% neither agreed nor disagreed. Alcohol increases moral for sexual activity although it takes away performance therefore alcoholic youth are more likely to get involved in sexual indiscretions without regard to "aftermath" of their actions. This study finding agree with the findings of [29] who stated that frequent heavy drinkers are more likely than non-drinkers to have had sexual intercourse (87% versus 34%), sex before age 13 (18% versus 5%), sex with at least six

different partners (31% versus 4%), and sex with at least three partners in the past month (20% versus 2%).

More than half of the respondents (57%) strongly agreed that alcoholism can lead to birth defects among babies of alcoholic mothers while only 3% strongly disagreed. Young adults who begin drinking early are more likely to have unplanned and unprotected sex, which sometimes results in unwanted pregnancies with alcohol related complications. This study finding are in line with the findings of [30] who stated that youth who drink alcohol while pregnant face the risk of delivering babies with Fetal Alcohol Syndrome (FAS) disorders.

Majority of the respondents (80.2%) agreed that alcoholism increases risk of acquiring STDs while only 2.1% disagreed. While intoxicated, youth and young adults are more likely to engage in risky sexual behavior, including having sex at a younger age, having unprotected sex, or having sex with multiple partners which bears a risk of acquiring STDs. This study finding agree with the findings of [31] who stated that Adolescents now represent half of all new cases of HIV/ AIDS and that underage drinking is considered a major contributor to the likelihood that those who engage in sexual activity after consuming alcohol will be more likely to contract an STD because of impaired decision-making capabilities. The study findings also agree with the findings of [32] who found out that 52 percent of girls ages 13-18 who were surveyed listed STDs as a major health risk associated with drinking alcohol.

More than half (52%) of the respondents agreed that alcoholism can lead to increased road traffic accidents while only 3% neither agreed nor disagreed. Adolescents and young adults are the least experienced drivers on the road. When they consume alcohol, which impairs their judgment and coordination and makes them more likely to take risks hence cause crashes. This study finding are in line

with the findings of [33]. In 2009 who found out that according to the National Highway Traffic Safety Administration (2010), 5,051 drivers aged 16-20 were involved in fatal motor vehicle crashes and that 19 percent (951) of them had a blood alcohol concentration over the legal adult limit of 0.08.

Alcohol use can impact youth's academic performance. Underage drinkers may miss classes, fall behind in their schoolwork, earn lower grades, and perform poorly on examinations and assignments. They may also drop out, fail classes, or be expelled from school [34].

Most of the respondents (74%) agreed that alcohol can impact the youth academic performance while only 3.1% disagreed. Alcohol use can impact youth's academic performance. Underage drinkers may miss classes, fall behind in their schoolwork, earn lower grades, and perform poorly on examinations and assignments. This study finding also agree with the findings of [34] who stated that the youth may also drop out, fail classes, or be expelled from school.

#### **Strategies that can be put in place to reduce alcohol consumption**

Most of the respondents (66%) strongly agreed that community education would help reduce alcoholism among the youth while only 2% disagreed. Community education would help highlight dangers of alcoholism among the youth and suggest ways in which youth can occupy themselves other than consuming alcohol. These study findings are in line with the findings of [35] who stated that providing alcohol education and information to the public, religious and community leaders is fundamental to support alcohol control policy measures and to increase community participation in their implementation.

More than half of the respondents (59.4%) strongly agreed that community programs were important interventions in the fight against

alcoholism while only 8.3% disagreed. Community interventions or programs such as agricultural programs will occupy the youth so that they use most of their time in developmental activities other than alcoholism. This study finding agree with the findings of [36] Who stated that community action programmes should be usefully combined with interventions in schools and other settings such as work places to mobilize public opinion to address local determinants of the increasing alcohol consumption and related problems.

More than half (57%) of the respondents strongly agreed that regulating the sale and production of alcohol would help minimize alcoholism among the youth while only 4% neither agreed nor disagreed. Regulating sale of alcohol as well as prices will reduce access to alcoholic beverages and number of people involved in its consumption. These study findings are in tandem with the findings of [37] who stated that there is a need to regulate the content and scale of alcohol marketing and the promotion of alcoholic beverages, in particular sponsorship, product placement, as well as internet and promotional merchandising strategies. This study findings also concur with

the findings of [2] who stated that commercial licensing systems that regulate the production, importation and sale (wholesale and retail) of alcoholic beverages should be put in place and that stricter regulation of the formal and informal sector and licensing of traditional outlets is crucial to ensure that beverages meet safety requirements and that they are controlled in order to protect most vulnerable groups such as adolescents and the low income population [38][39][40][41][37][38][39][40][41][42][43][44].

Most of the respondents (70.8%) strongly agreed that setting income generating activities to occupy the youth would help minimize alcoholism among the youth while only 2.1% strongly disagreed. Occupying the youth with income generating activities will make best youth of their time other wasting it planning about getting alcohol or sitting in drinking joints. This study findings are in line with the findings of [32] who stated that occupying the youth with income generating activities to avoid idleness and thoughts about alcohol all the time may be beneficial in combating escalating numbers of the youth involved in alcoholism.

## **CONCLUSION.**

According to the study,

- i) Cited influencing factors to alcoholism among the youth include; Social deprivation, peer influence, personal characteristics, mental health problems and media influence.
- ii) Cited consequences of alcoholism among the youth include; STDs, moral degeneration, road traffic accidents and decline in school academic performance and mental health problems.
- iii) Proposed strategies that can be put in place to reduce alcohol consumption include; Community based education programs, regulating sale and advertising alcohol and income generating activities for the youth.

## **Recommendations**

- i) Minimizing media advertisements about alcohol and as well as hiking prices of alcohol will reduce access to alcohol.
- ii) Helping youth to join groups such as alcohol anonymous group will help them share experiences and help each other stop alcoholism.
- iii) Schools to integrate teaching programs about alcoholism so as to raise youth population that is aware of the dangers of alcoholism.
- iv) More research be done about contributing factors to alcoholism in other parts of the country so as to come up with more comprehensive



findings and suggest appropriate recommendations.

**Implications to the nursing practice.**

Chronic alcoholism among the youth is rapidly growing up in our communities with effects to both the individual and the community where he/she lives. These study findings will therefore

help nurses design appropriate health education interventions and youth reach programs to dissect the acquired causes of alcoholism as well as help in community rehabilitation of the youth affected by alcoholism.

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