

UNIVERSITY FOR DEVELOPMENT STUDIES

**FACTORS CONTRIBUTING TO ALCOHOL USE AMONG THE YOUTH AGED
(16-35) YEARS – A CASE STUDY IN BOLGATANGA MUNICIPALITY OF THE
UPPER EAST REGION, GHANA**

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PRINCE IMORO AWIMBA

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EAST REGION, GHANA**

BY

PRINCE IMORO AWIMBA (BSC PUBLIC HEALTH)

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**A DISSERTATION SUBMITTED TO THE DEPARTMENT OF PUBLIC
HEALTH, SCHOOL OF ALLIED HEALTH SCIENCES, UNIVERSITY FOR
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REQUIREMENTS FOR THE AWARD OF MASTER OF PHILOSOPHY
DEGREE IN COMMUNITY HEALTH AND DEVELOPMENT.**

FEBRUARY, 2018



DECLARATION

STUDENT'S DECLARATION

I hereby declare that, except for references to other people's work, which has been duly acknowledged, this thesis is solely my own work and that no part of it has been presented for another academic award in this school or elsewhere.

Awimba Imoro Prince
Signature Date

SUPERVISOR'S DECLARATION

I declare that, the preparation and presentation of this academic work was supervised in accordance with the guidelines on supervision of thesis laid down by the University.

Dr. Edmund Muonir Der
Signature Date



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I first thank God for his protection and guidance throughout the study without any hitch.

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DEDICATION

I first dedicate this piece of work to Almighty God who has always guided and protected me through to this end. The next dedication goes to my lovely Asoeweh Edna Awimba, Awinpang Jeremy Awimba, my parents, Mr. and Mrs. Awimba, brothers and sisters, all workers of Anglican Diocesan Development and Relief Organization(ADDRO), and all Anglicans in the world.



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LIST OF ACRONYMS

EU – European Union

FDA – Food and Drugs Authority

GDHS - Ghana Demographic and Health Survey

GPA -Grade Point Average

GSS - Ghana Statistical Service

NCD - Non-Communicable Disease

SPSS- Statistical Software for Social Sciences

UK- United Kingdom

USA- United States of America

UYDL- Uganda Youth Development Link

WHO - World Health Organization



ABSTRACT

This study explored factors contributing to alcohol use among the youth aged 16-35 years in Bolgatanga, Upper East region of Ghana. The principal objective of the study was to find association of alcohol use among the youth and if socio-cultural, family, peer pressure and educational factors have an influence on study participant's alcohol use. Mixed methods of data collection were utilized, qualitative and quantitative. A cross sectional descriptive study design was used for the quantitative study whilst a descriptive qualitative approach was employed for the qualitative study. A total of 255 respondents between the ages of 16 to 35 years who use alcohol participated in the study. The quantitative study was made of 219 participants whilst the qualitative was 36 participants. Major findings of the study indicated that advertisements, social acceptance of the use of alcohol during social events, parental actions, Peers, boredom, lack of regulations and some socio demo graphic characteristics such as marital status, educational level, gender and occupation (table 2) contributed to alcohol use among the youth. Based on these findings, the following recommendations were made: public education campaigns on the effects of alcohol use by Ghana Health service/ Christian Health Association of Ghana and religious bodies; Food and Drugs Authority (FDA) placing a ban or regulating advertisement of alcoholic drinks in the media; enacting bi- laws to control the sale and use of alcoholic beverages by Traditional Authorities and the Government. In addition, formation of youth clubs to engage the youth in developmental or other income generating activities; creation of employment opportunities by the district assemblies through youth training schemes and leisure centres to deal with boredom and youth unemployment.



CHAPTER ONE

INTRODUCTION

1.1 study background

Alcohol abuse is a growing global problem among the youth. Globally, alcohol use causes 1.8 million or 3.2% of all deaths and accounts for 4.0% of the disease burden (Benegal, et al. 2007). Every day, on average, 11,318 American youth (12 to 20 years of age) try alcohol for the first time, compared with 6,488 for marijuana; 2,786 for cocaine; and 386 for heroin.

The disease burden related to alcohol use is especially great among low income and middle-income populations and countries, where alcohol consumption is increasing and injury rates are high due to limited implementation of public health policies and prevention strategies (Rehm, et al. 2009; Benegal, et al. 2007). The World Health Organization (2001) estimates that there are over 140 million people who suffer from alcoholism worldwide Mayor, (2001). In the EU in 2004, alcohol was responsible for 1 in 7 male deaths and 1 in 13 female deaths in the group aged 15–64 years, resulting in approximately 120 000 premature deaths. The most recent data collected from Member States, based on recorded consumption in 2010 and presented in this report, show that adults (age 15+ years) in the EU (including in Croatia) drink 10litres of pure alcohol per year (recorded consumption only). When Norway, Switzerland and the candidate countries are included, the figure is 9 litres of pure alcohol per capital. (WHO, 2013)

The youth as the saying, goes are the future leaders of every nation; as such, they are expected to live a healthy life style in order to contribute generously/meaningfully to the



development of their nation. According to Oxford English Dictionary, “the youth is defined as a state of being young”.

Alcohol use can lead to unnecessary injuries and deaths from accidents that are preventable. Frequent and continuous alcohol consumption can lead to abuse and addiction.

Problems that occur due to alcohol use can be social, such as being unable to interact with others; legal, such as getting arrested for drunk driving or physically assaulting someone; academic, such as poor grades and high number of absences; and health-related, such as changes in brain development (Miller, Naimi, Brewer, & Jones, 2007; Surgeon General, 2012). Alcohol use is also a leading cause of many injuries resulting from major and minor accidents. It also damages the health of patrons and causes many health conditions (Singh et al, 2014).

According to Alcoholics Anonymous UK, excessive use of alcohol causes liver disorders, nausea, vomiting, anorexia, muscular incoordination, poor judgment and clammy skin. It can also lead to sexual dysfunction, menstruation problems, cardiovascular problems, neurological complications, congenital effects and death. Domestic abuse, divorce, poor performance at work, loss of self-esteem, disrespect, self-embarrassment in public places and higher incidence of suicide and murder are some of the socio-economic effects of alcoholism (Langdana, 2009).

According to Miller et al (2014), alcohol abuse is defined as patterns of drinking that result in harm to a person’s health, well-being, relationships, and productivity. A person who abuses alcohol is not necessarily an addict. However, abuse of these substances is a



risk factor for developing an addiction because continuous abuse can lead to physical and psychological dependence.

Ethanol or Ethyl alcohol is the main types of alcohol found in alcoholic beverages. Alcohol is produced by the fermentation of fruits, grains or vegetable. Beers, wines, whiskies, pito, gins and schnapps are example of alcoholic beverage.

An alcoholic drink or beverage is a drink that contains alcohol, a depressant that in low doses cause euphoria, reduced anxiety and sociability and in high doses causes intoxication, stupor and unconsciousness when one consumes alcohol. The alcohol changes the balance of chemicals such as dopamine in the brain.

Alcohol is a depressant, which often make it most attractive to people who suffer from psychological problems such as high stress, low self-esteem or depression. The craving leads to addiction.

Alcoholism is not genetic but genetics have some play in becoming addicted to alcohol. Developing an addiction often takes years.

The term 'alcohol' was derived from the Arabic word, "al kohl" (Hajar, 2000). The substance was originally used as pulverized antimony, which Arab women used to make their eyelids dark. It has since then seen a dramatic transformation to become a widely used substance for all manner of activities. An alcoholic beverage is a drink that contains alcohol (ethanol) meant to be drunk. Most alcoholic beverages are fermented while others like spirits are distilled. Beers are mostly made from wheat, barley, rice, etc whereas wines are made of fermented grapes and berries.



Alcohol or alcoholic beverages can be grouped for the purpose of this study generally under beers, wines and spirits. Beers mostly contain 5.5% pure alcohol content, wines, 13% and spirits, usually 40% (Gill, 2002). The beers are often brewed, wines fermented and spirits distilled.

Many people in the world consume alcoholic beverages of different kinds for different reasons with younger people engaging in dangerous forms of alcohol consumption than older people. Europe is the continent with the highest alcohol consumption and Belarus has the highest alcohol per capita of 17.5 litres followed by Moldova (WHO, 2014).

Alcohol consumption is very high among high school students (Miller et al, 2007) with 44.9% in Columbia who reported to have consumed alcohol in the past 30 days of which 28.8% engaged in binge drank (Miller et al., 2007) . In the United Kingdom, teenagers have high levels of intoxication and binge drinking (identified as more than five drinks at a sitting or in a row) compared to their other European counterparts.

A trend indicates that countries in Africa consume alcohol in rising levels. Most African countries tend to consume more locally brewed alcoholic beverages, which are not internationally recognized and classified, than other alcoholic beverages such as beer, wine and spirits. Only South Africa and a few other countries in Africa consume more beer than locally brewed beverages (WHO, 2014). Comparing the rates of alcohol consumption in 2011 and 2014, almost every country has grown in terms of the proportion of their populations that consume alcohol (WHO 2011; WHO 2014). South Africa and Namibia are in the medium consumption group worldwide. The leading consumer of beer in Africa is Angola followed by South Africa and then Kenya third.



Most African countries consume beer in large quantities as compared to wine and spirits (WHO, 2014).

The pattern of alcohol consumption in Ghana is such that unrecorded alcohol (57%) is consumed highest followed by beer (30%) and wine (10%), with the least consumed being spirits (3%) (WHO, 2014).

The prevalence of alcohol consumption in Ghana is 26.7%. Men have a prevalence of 35.8% with women, 17.5% (GSS et al., 2009).

According to Ghana Health Foundation (2006) scientist do not know exactly what causes alcoholism but most experts suspect that a combination of physiological, environmental and psychological factors are involved. However, certain factors are suspected to have contributed to increased alcohol consumption in Ghana.

The growing trends of alcoholic beverage production and increasing level of advertisement are known to be contributory factors leading to increased alcohol use. The use of alcohol to reduce stress, improve appetite and enhance sexual performance, which are encouraged by advertisement, are major reasons for the rising levels of alcohol consumption among most Ghanaians. Some of the spirits consumed in Ghana are mixed with certain herbs believed to cure certain diseases such as haemorrhoids and menstrual pain. This has enhanced the patronage of the youth and therefore aggravated the use of alcohol especially among the youth.

In Ghanaian society, like any other society, people take alcohol in certain occasions and for various reasons at social gatherings, marriage ceremonies, parties, outdoorings and funerals. In Ghana, the use of alcoholic beverages has become part of our social activities and gatherings. Generally, people start drinking from these social activities as social



drinkers, then it becomes continuous and if there is no control, one becomes habitual drinker with its associated health problem. Studies have shown that, it is the youth (productive age group) who are commonly victims of this act (Manfreda et al, 1997).

There have been many health talks in the media by health personals about youth involvement in this act and the negative effects such as alcohol related psychiatric disorders.

According to Diagnostic and Statistical Manual (DSM) for mental Disorders, American Psychiatric Association, 1968, an alcoholic is a patient whose alcohol intake is great enough to damage their physical health or personal and social functioning or when it has become a pre-requisite to normal functioning.

The stages of drinking can be either social or occasional to solve emotional or anxious situation, then it becomes continuous, and if there is no control at this stage, one continues to drink in order to maintain life and to avoid withdrawal syndrome. Scientifically, the precise causes of alcoholism are not known, but probably multifactorial involving genetic predisposition and environmental factors.

Recent studies of twins and adopted children clearly demonstrate the importance of genetics. According to Dennis Leavelle, 1995, an offspring of one alcoholic parent is seven to eight times more likely to be become alcoholic than a peer without such a parent.

Also work done by Shuper et al., 2010 indicates that certain personality disorders and having been exposed to peers who abuse alcohol increase a person's risk of developing



alcoholism. People who begin drinking excessively in their teens are especially prone to alcoholism later in life (Steiner, 1971).

Certain social factors have also been linked with alcoholism including urbanization and disappearance of the extended family (Walton et al, 2004). The problem of alcoholism has been widely distributed to ignorance and the sense of well-being as portrayed by the media advertisement on alcoholic beverages.

Alcohol has health and social consequences besides the toxicity it poses to its users, it contributes to loss of many lives. The disease burden related to alcohol use is especially great among low income and middle-income populations and countries, where alcohol consumption is increasing and injury rates are high due to limited implementation of public health policies and prevention strategies. (Rehm, et al. 2009; Benegal, et al. 2007).

It is estimated to cause 20-30% of oesophageal cancer, liver cancer and cirrhosis of the liver, epileptic seizures and motor vehicle accidents worldwide (WHO, 2002).

In addition to above effects, alcohol is a central nervous system depressant. Even in moderate amount, it may cause memory lapses (Blackouts), may produce headaches, nausea and fatigue (Hangover). Alcohol causes a person to act out impulses that ordinarily would be “held in check” (Schweitzer et al., 2008).

Emotionally, alcoholics are prone to violence, irritabilities, and depression and paranoid ideas. They accuse their wives of having sexual affairs with other men. There is diminished sexual drive and the development of intense jealousy towards their wives and this is known as pathological jealousy (Shrestha et al., 1985; Michael et al., 1995).



Socially, there is neglect of duties and responsibilities. There is usually marital separation with its adverse consequences. Their children usually become school dropout. Since most alcoholics are not able to settle, their children school fees and as a result, the children become disinterested in attending school (Coleman, 2004).

Many people have observed that youth in Ghana are now drinking excessively and therefore this study will be relevant since the findings will help other regions to look at the problem and if possible take action for future.

1.2 Problem statement

Alcoholic beverage consumption is a global phenomenon, which is considered as a public health priority worldwide (Humenuik et al, 2010)

A World Health Organization (WHO) report indicates that 10 to 69% of suicides are committed annually under the influence of alcohol and between 5-10% of parents abusing their children have alcohol use disorders.

A study by Lönnroth et al, (2008), indicates that alcohol consumption weakens the immune system, thus enabling infections by pathogens, which causes infections such as pneumonia and tuberculosis

Similarly, in Ghana Alcohol use, particularly among the youth, in recent times is increasingly becoming serious socioeconomic and public health issue, and is of concern to many, including parents and politicians, advertisers and ‘educators’, as well as health experts and the police (Manfreda et al., 1997).

Alcohol consumption is a major risk factor for many liver-related diseases, as well as many other communicable and non-communicable diseases. Alcohol use is also a risk



factor for many preventable deaths from accidents, homicides and suicides. It also facilitates risky sexual behaviours, as highly intoxicated individuals often do not have sound judgment to take precautionary measures to protect themselves (Chauke et al., 2015).

There is no current statistics on the extent to which alcoholism may be a problem in Ghana, but the fourth Ghana living standards survey (2000) gave some indication of the nature of the problem then. According to the survey, 10.3% of household expenditure went into “alcohol” second only to “food and beverages” which commanded 45.0%.

Parents, educators and governments throughout the world are rightly concerned about the reported rise in alcohol use by the youth, and are extremely concerned about the best way to try to deal with the problem.

Even though there are, significant studies conducted on related factors that lead to alcohol use, abuse, and alcoholism (Freeman et al, 2006; Finger, et al. 2010; Donovan 2004) there are not enough studies conducted about factors causing alcohol use among the youth (Al-Marri et al, 2009; Al-Haqwi, 2010).

In addition, in spite of the effort made by the Ministry of Health in collaboration with non-governmental organizations, religious leaders and other agencies in educating the youth to refrain from alcoholism, there is still a lot of the youth in Ghana and particularly the Upper East Region who indulge in alcoholism.

Furthermore, a survey conducted in the region by Friends of the Future, April 2010, a community-based organization (CBO) working to empower the socio-economic lives of youth in the region, found that the youth from Navrongo in the Kassena Nankana District



were rated first in alcohol consumption among the five districts in the upper east region. Builsa district followed next, the Bongo District, the third, Kassena Nankana West District, fourth and the Talensi District fifth. According to this survey, it has become common among the youth of the region to drink alcohol especially the local dry gin “akpeteshie” at all times of the day and this has increased the rate of motor accidents and HIV/AIDS infection in the region. This is because people are not able to observe traffic regulations, practice abstinence, or use condom during sexual intercourse with infected persons when they are under the influence of alcohol. Alcohol has come to stay and nobody seems to notice the effects on the future of the region”, the report said Friends of the Future, (2010).

It is therefore against this background that this research needs to be carried out to determine the factors contributing to alcohol use and abuse among the youth aged 16-35 years in Bolgatanga municipality in the Upper East Region.

1.3 Justification of the study

Alcohol use has been part of human history since antiquity. There are not only numerous biblical examples and ancient myths, which refer to alcohol, but local oral history and archeological findings suggests that alcohol consumption has been part of African culture, rituals, tradition and custom since “time immemorial”. However, the fact of enduring alcohol use and the passing down of this habit through generations does not adequately explain why alcohol is used. Moreover, patterns of alcohol use have changed significantly over time and evidence suggests that the quantity used now is far greater than in earlier times (Tampah-Naah&Amoah, 2015). The WHO estimates that around



two billion people worldwide consume alcohol (WHO 2004) and there is clearly no single reason why they do or why different people drink to different extents.

Despite the scarcity of comprehensive data on alcohol use and problems in Ghana, there is evidence to suggest that alcohol use is widespread in the country.

Consumption of alcohol as such is not problematic. Of great concern, however, is the evidence that suggests that large numbers of Ghanaian youth do not use alcohol in a responsible way.

According to Ghana Health Foundation (2006), scientist does not know exactly what causes alcoholism but most experts suspect that a combination of physiological, environmental and psychological factors is involved.

In addition, there have been some research on effects of alcoholism by other researchers; little has been published on factors influencing youth alcohol use and abuse in Ghana.

In Ghanaian society, like any other society, people take alcohol in certain occasions and for various reasons at social gatherings, marriage ceremonies, parties, outdoorings and funerals. Others take in alcohol to manage their problems, while others take in alcohol to enhance their working performance.

In Ghana, Alcohol use and its negative consequences especially among the youth is on the rise in most parts of the country. The practice is found to be endemic over the years in the Upper East Region of Ghana (Ghana News Agency Report on May 3, 2013). Findings by the coalition of Non-Governmental Organization in health (NGOs) and a survey carried out by Friends of the Future (2010), a community-based organization (CBO) both located in the region supported this fact.



Similarly, alcohol related morbidity and mortalities are on the increase in the Upper east region according to the Friends of the Future, a community-based organization (CBO).

The reasons for which the youth in the Bolgatanga Municipality, the capital town of the Upper east region abuse alcohol are not apparent.

Despite all these problems, the harmful use of alcohol remains a low priority in public policy, including in health policy. Many lesser health risks have higher priority. The harmful use of alcohol is a particularly grave threat to men.

In order to help the youth and society, it is important to understand the reasons behind their use of the substance.

The research will create awareness of the problem among policy makers to push government and other stakeholders to take action to address the problem.

The recommendations made based on this study will help the communities, the Municipal and District Assembly in collaboration with other agencies to develop strategies to bring the situation of alcoholism under control.

It would also help unearth and give knowledge about adverse effects alcohol has on the individual, the family and the nation at large. Finally, the study is also a requirement for the award of master of philosophy, Health and Community Development by University for Development studies, Tamale.



1.4 Conceptual framework

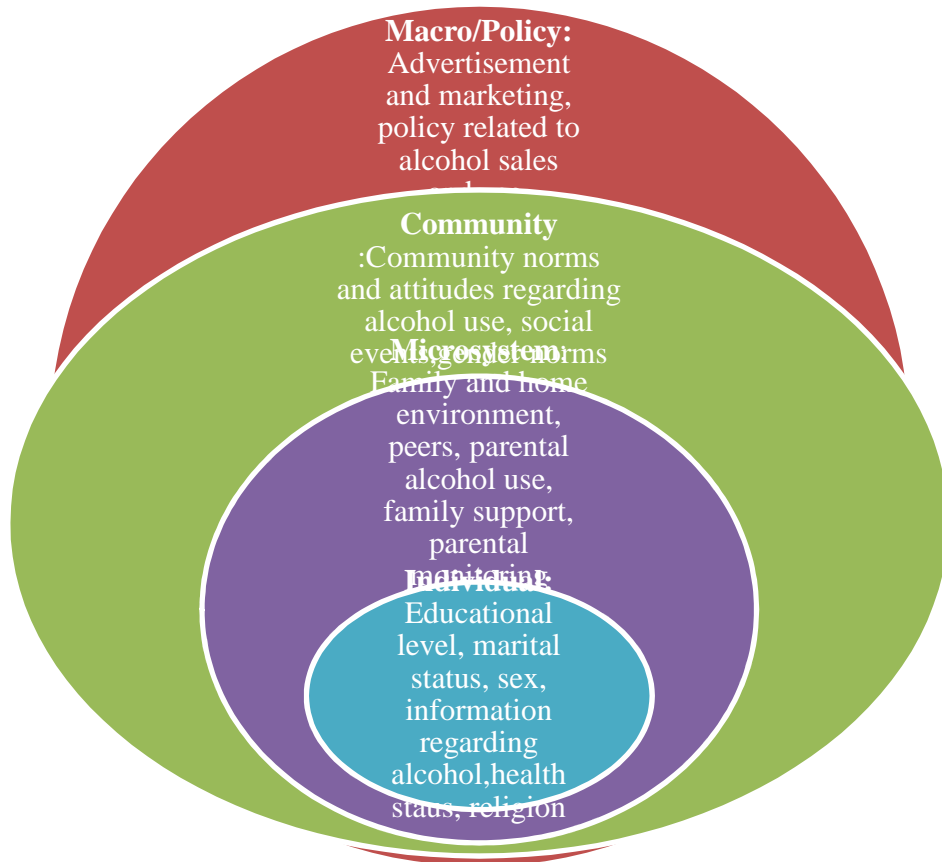


Figure 1. Conceptual framework, Source: Modified Bronfenbrenner, 1994, conceptual framework.

This model depicts the interplay of individual, family, community and macro/policy systems related factors influencing alcohol use. At the individual level, information regarding individual and some socio demographic characteristics such as marital status, sex, educational level influences alcohol use. At the microsystem and community levels, the family and community norms and attitude regarding alcohol use play a key role in alcohol use. Macro-level factors, such as exposure to advertising, may influence family and peer network attitudes and norms, which ultimately affect individual attitudes and behaviours.



1.5 Research questions

- Do socio-cultural factors play a role in alcohol use?
- Do family factors play a role in alcohol use?
- What role does knowledge on alcohol play in its use?
- Do socio-demographic characteristics influence alcohol use?

1.6 Research Objectives

1.6.1 General objective

To assess factors that contribute to alcohol use among the youth in Bolgatanga Municipality.

1.6.2 Specific objectives

1. To determine the socio-cultural factors that contribute to alcohol use and alcoholism among the youth.
2. To determine if family plays a role in alcohol use among the youth
3. To ascertain other reasons that may have contributed to alcohol use among the youth.

1.7 Scope and Organization of the study

The study is made up of six chapters. Chapter one gives an overview of the background to the study, statement of the problem, justification of study, the key objective, significant of the study, research question and scope and organization of the study.

Chapter two examines the relevant theories from both an appreciative inquiry and critical analysis points and gives some perspectives on some empirical works on the field of the study while chapter three is methodology, which described the research design and



procedures used in collecting data for the study, population and sampling, instrumentation and other key methods of analysis. Chapter four presents the results, five discusses the findings. Chapter six finally draws conclusions and makes recommendations.



CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Alcohol use in Ghana is quite often regarded as a social requirement. Alcohol is a central part of social and cultural events such as death, birth, and marriage ceremonies. Alcoholic beverages are widely consumed by all people; male and female, young and old.

Economic factors also play a role in alcohol consumption. Alcohol has been found to be associated with wealth (Tampah-Naah et al, 2015). Most of the time people find prestige in the brand and quality of alcohol that they consume. This leads to them buying very expensive and high content alcoholic beverages to distinguish themselves from low-income earners.

Alcohol has however been associated with increased risks for HIV infection particularly among young people. A study in the United States (Gary, 2002) found that young adults who use alcohol are seven times more likely than non-drinkers to have unprotected sex, while illicit substance users are five times more likely.

The use of alcoholic beverages has a long history in the country dating back to the pre-colonial period. Local alcoholic beverages such as pito, and palm wine were produced for purposes of ritual and communal associations. Beer was not drunk at any time but only during clearly defined social occasions mostly during, funerals, weddings by certain class in societies.

The use of alcohol was the preserve of elders and men. It was less common among youth and women (Rutabajuka, 1992 cited in Tumwesigye et al, 2004). Boys would only be allowed to drink alcohol on attaining maturity and this was after marriage. The



production, consumption and distribution of locally made alcohol were controlled primarily by chiefdom elites.

Similar circumstances existed in pre-colonial South Africa, where it is indicated that alcoholic content was low and because of the strict social mores governing drinking, problems resulting from the use of alcohol, including public drunkenness seldom occurred in the form and to the extent that they occur today (Gumede, 1995; MacDonald, 1996).

Today, alcohol is a major source of income for businessmen and women. Brewing and distilling of alcohol is also an accepted economic activity in Ghana by the general population.

As such, local and homemade brews are cheaper than factory-made beverages.

There is lack of a clear alcohol policy. Food and Drugs Authority Act of 1992, which forbids the sale of unwholesome or poisonous food for human consumption, regulate the commercial sale of traditionally produced spirits. This law is weak and rarely, if ever, enforced. Most communities produce pito, palm wine etc. at least intermittently for commercial consumption without being checked.

There is also no law or if any weak to regulate alcohol producers from unfair advertisement.

The growing trends of alcoholic beverage production and increasing level of advertisement are known to contribute to alcohol use. The use of alcohol to reduce stress, improve appetite and enhance sexual performance that are encouraged by advertisement are major reasons for the rising levels of alcohol consumption among most Ghanaians.



Some of the spirits consumed in Ghana are claimed to be mixed with certain herbs perceived to have cure diseases such as haemorrhoids and menstrual pain. This has enhanced the patronage of the youth and therefore aggravated the use of alcohol especially among the youth of reproductive age.

Consumption of factory beer is mainly from urban dwellers and brand switching is limited by factors that include price, benefits of alcohol content, friends, others include income bracket, past experience and advertising (Tumwesigye & Kasirye, 2004) .

Lack of effective laws together with social, cultural and economic factors has created a fertile environment for alcohol use. Alcohol is also known to be the commonest substance of addiction used by the population. It is estimated that alcohol abuse causes suffering to at least 70% of the population either directly or indirectly (Kigozi et al., 1997).

Ethanol or Ethyl alcohol is the main types of alcohol found in alcoholic beverages.

Alcohol is produced by the fermentation of fruits, grains or vegetable. It has a chemical structure: C_2H_5OH .

Alcohol is considered as a source of “empty calories” because it has no other nutritional value such as minerals and vitamins apart from calories (Kinney, 2000). Beers, wines, whiskies, pito, gins and schnapps are example of alcoholic beverage in Ghana. Alcohol is a central nervous depressant. It decreases the activity of parts of the brain and spinal cord in proportion to the amount in the blood stream (dose dependent). It also causes changes in the brain and with time, such changes could be permanent. Though, the drinking of alcohol is not a recent phenomenon, it is becoming an alarming problem today for a number of reasons; drinking heavily over a short period of time may produce hangover,



(that is nausea, shakiness and vomiting). Hangover is the body reaction to too much alcohol.

The processes that lead to hangovers are still not poorly understood. However, it is believed that several pathophysiological changes may give rise to the alcohol hangover including increased levels of acetaldehyde, hormonal alterations of the cytokine pathways and decrease of the availability of glucose. Additional associated phenomena are dehydration, metabolic acidosis, disturbed prostaglandin synthesis, increased cardiac output, vasodilation, sleep deprivation and insufficient eating. Some complex organic molecules found in alcoholic beverages known as congeners may play an important role in producing hangover effects because some, such as methanol, are metabolized to the notably toxic substances formaldehyde and formic acid (Penning et al, 2010).

Regular alcohol use induces tolerance, thus the individual need to drink more in order to produce the same effects. When tolerance develops, the alcohol dependent may drink steadily throughout the day without being intoxicated. As the individual may continue to work reasonably well, his condition may go unrecognized until severe physical damage develops or he/she is hospitalized, the individual may experience withdrawal system.

People who are consistently heavy drinkers are likely to become both psychologically and physically dependent on alcohol. Psychological dependence is developed when the individuals thought; emotions and activities are so much centred on alcohol such that it becomes extremely difficult to stop using it. This situation is marked by a compelling need or craving to continue taking alcohol. Physical dependence on the other hand, is the state where the body has adapted to the presence of alcohol and withdrawal symptoms occur if the alcohol is stopped suddenly. Physical withdrawal symptoms include



sweating, sleeplessness, tremors, convulsion, hallucinations and possibly death (Evitic, 2004)

2.2 Aetiology of Alcoholism

According to Ghana Health Foundation (2006) scientist do not know exactly what causes alcoholism but most experts suspect that a combination of physiological, environmental and psychological factors are involved.

The causes of increased alcohol use are both manifold and complex (Courtney et al, 2009). No simple single factor or phenomenon can explain why an individual, group, community or nation increases or decreases its alcohol use, because there is rarely, if any, a simple single cause. It is a multi-factorial issue and, as a result, research in this area is necessary. Numerous biological, psychological and socio-cultural factors appear to be involved in alcohol addiction. These include; hereditary – an offspring of one alcoholic parent is seven to eight times more likely to become alcoholic than a peer without such a parent (Dennis et al, 1995). Socio-cultural factors include; the availability of alcoholic beverages, peer group influence, advertisement, strains and stresses, poor upbringing and feeble-minded person (Borsari et al., 2001). Psychological factors may include; the urge to drink to reduce anxiety symptoms of mental illness, a desire to avoid responsibilities in familial, social or work relationship and the need to bolster self-esteem (Borsari et al., 2001).

Alcohol is used in Ghana during wedding, out-dooring, funerals, Christmas and traditional festivals. It has been established that problems associated with alcohol use in any society are directly related to the per capita consumption in that society. Alcohol is a substance mostly abused in Ghana.



In Kenya, alcohol has become an important public health problem, arising from over consumption, intoxication and dangerous behaviour upon consumption. According to a research conducted in Kenya by Mwenesi, 1995; alcohol has contributed immensely to the high prevalence of HIV/AIDS in Kenya. The report further indicates that though alcoholic beverage industry contributes 12 billion to Kenya economy, most of it is spent to treat people with alcohol abuse related ailment not to mention its related reductions in productivity.

It is widely advertised especially on television during peak viewing periods regardless of the time. Alcohol is sold almost everywhere including football stadia and lorry parks. Vehicle driver freely drive under the influence of alcohol; it is therefore no surprise that Ghana's roads are among the most dangerous in Africa.

2.3 Familial Pattern

One potentially important family-level determinant of adolescent alcohol initiation and intensity of use is parental provision of alcohol. In a study carried out in Sweden by Danielsson, (2011), the researcher found that parental supply of underage children with alcohol was related to the latter's heavier and more frequent consumption. In the USA, a longitudinal study on the link between parental supply and the age of the onset of alcohol consumption (Warner, White, 2003, cited in Greenaway et al, 2009), the authors found that parental supply of alcohol was correlated with later problem drinking.

In a similar study of parental drinking habit, and the related issue of intergenerational transmission of drinking behavior, it was found to be particularly strong for heavy drinking behavior (Moore et al., 2010,).



Drinking preferences of adolescents can also be affected by the family structure. In a study in Europe by Anderson et al., 2006, it was found that living with a single parent or step-parent was correlated with greater frequency of alcohol consumption, as well with heavier drinking. In a similar study by DeLeire and Kalil, (2002), he found that teenagers living in families where parents were unmarried were more likely to drink alcohol than for those living in married households. There was also a study concluding that children living in disrupted families are more likely to become early substance abusers (Rutter, 2007, cited in Newbury-Birch et al., 2009).

In another study in USA, Antonji et al., (2010) to study whether substance abuse by an older sibling had any effect on the substance use by a younger sibling. Their findings showed that indeed alcohol use among younger siblings could be affected by the example of older siblings. Indeed, alcohol Dependence has a familial pattern, and at least some of the transmission can be traced to genetic factors. The risk for Alcohol Dependence is three to four times higher in close relatives of people with Alcohol Dependence (Shuper et al., 2010). Higher risk is associated with a greater number of affected relatives, closer genetic relationships, and the severity of the alcohol related problems in the affected relative. Most studies have found a significantly higher risk for Alcohol Dependence in the monozygotic twin than in the dizygotic twin of a person with Alcohol Dependence. Adoption studies have revealed a three- to fourfold increase for Alcohol Dependence in the children of individuals with Alcohol Dependence when these children were adopted away at birth and raised by adoptive parents who did not have these disorders (Steiner, 1995).



However, genetic factors explain only a part of the risk for Alcohol Dependence, with a significant part of the risk coming from environmental or interpersonal factors that may include cultural attitudes toward drinking and drunkenness, the availability of alcohol (including price), expectations of the effects of alcohol on mood and behaviour, acquired personal experiences with alcohol, and stress (Steiner,1995).

2.4 Alcohol and the power of advertisement

While the alcohol industry claims that alcohol advertising is aimed solely at brand switching and that it is not aimed at promoting additional consumption – especially drinking amongst youth -evidence suggests that advertising does indeed increase consumption (Snyder 2006).

Alcohol is widely advertised on billboards along major highways, in newspaper and magazines, and on radio and television stations. Distilleries, breweries and other manufacturers of alcoholic beverage sponsor popular television programmes, radio and traditional festivities to advertise their products. Advertisements are used to persuade the customers to buy the product being advertised. In this regard, different techniques are employed to appeal to different people. Some of these methods used are;

- Use of success: this approach is directed at using successful and attractive people to the selling of alcoholic drinks. The message here is that if the customer drinks, he/she becomes successful as the promoter.
- Use of popular music: in this technique, popular music is used to attract the customer's attention. The music used often has an enticing rhythm that makes the customer feel good and associate a good feeling with the alcoholic beverage being advertised.



Use of big names: here famous people such as popular sportsmen, actors, radio and television personalities are used to give favourable testimonies about who look-up to these famous people. The association of role models depicted in these adverts such as sportspeople, attractive people, strong people, “outdoor” people, people who enjoy life, people with “superior” tastes etc., encourage drinking behaviour in the belief that emulating this behaviour makes one more like these “models”.

Some Ghanaian youth frequently question that if alcohol consumption is not good, then why it is advertised on the media. They argue that alcohol must be good otherwise; the government would have banned the product.

Although there are regulations on alcohol use, there is a wide acceptance for its use. Alcoholic beverages have been portrayed to the public as being capable of curing all manner of diseases, hence luring even disinterested people to join the bandwagon of excessive alcoholism. Alcohol by its nature is addictive just as any other substance and once a person gets used to it, becomes very difficult to stop. The use of alcohol to enhance certain activities as sexual intercourse fuels alcohol dependence. People who get used to alcohol use with the aim of satisfying their partners sexually tend to become alcohol dependent and often need it anytime they engage in sexual activity (Gill, 2002).

2.5 Peers and subculture

The youth may be, or feel, pressurized to drink alcohol as this is regarded as the social norm or the norm of a particular age or social/cultural grouping. The fear of being or they may be excluded from or ostracized by such a group, they conform and partake in alcohol drinking.



In a research conducted by Donovan et al., (2007), it was found that friend's alcohol use and not alcohol use by the larger group that predicted initiation of alcohol use among sixth, eighth, and 10th grade students. In a similar work by White and Jackson (2005), it was realized that alcohol initiation among the youth is recognized as a phase of alcohol experimentation and attributable to peer pressure (White et al., 2005).

Alcohol initiation usually occurs in early adolescence with an increase in consumption throughout adolescence and early adulthood followed by a gradual decrease over the following years (Duncan et al. 1998; Hughes et al., 1997; Hussong et al., 1997).

All the predictors of alcohol consumption and misuse among adolescents mentioned above are surpassed by the normative influence on behaviour and attitudes exercised by the peer group (Jones et al., 1998). Membership of a group in which most members consume alcohol frequently and extensively leads to a situation where the individual also tends to adopt this behaviour.

As a drug with social effects, alcohol is an integral part of adults' conviviality and bonding in all countries and cultures. Adolescents in their groups imitate this cultural model.

As adolescents grow older, the family becomes less important for the socialization process, while the influence of a person's group of friends increases. This is part of the normal process of growing away from parents (Schulenberg & Maggs, 2002). In this phase, young people between 12 and 18 years old typically come together in more or less fixed groups, in which adult behaviour is practiced.

Within these groups, a subculture identity is frequently formed which helps to distinguish their members from the culture and norms of the parent's generation (Schulenberg &



Maggs, 2002). Belonging to a special group of people is expressed by using symbols. Special patterns of behaviour and attitudes are taken as symbols of a subculture identity the young people feel committed to (example. “A real Punk has to be drunk”). These behaviour patterns are often risk behaviours like alcohol misuse.

Different groups of adolescents have different mixtures of behaviour patterns that are used for self-description. While alcohol consumption (as part of the main culture in most western countries) can be found in almost every cultural subgroup, there are preferences for particular drugs in different subculture groups (White et al., 2000). Smoking is more frequent in some groups than in others. Some groups use deviant behaviour to express their personal independence and their resistance to authority. It seems obvious that alcohol consumption in adolescence is part of the regular communication processes inside peer groups and adolescent subcultures.

Engagement in peer subcultures and the resulting experimentation with alcohol can be considered a developmental task in this stage of life. Consuming alcohol to an extent that does not deviate from the norm is thus a sign of social behaviour, and it is more frequent in close-knit groups than in others. On the other hand, alcohol misuse that exceeds the normal extent is often an expression of disturbed social behaviour and evidence of a tendency towards delinquency (Maggs et al., 1998).

2.6 Alcohol and regulations

National and local governments exercise have influence over alcohol consumption, and not only among adolescents, at three levels: regulations governing to whom it may be sold, where and how it is sold, and the price and taxation of alcoholic beverages.



In most traditional societies, alcohol use is a normal way of life. The use of alcohol in ceremonies such as naming ceremonies makes it an acceptable behaviour if one consumes alcohol. The problem however is not the consumption of alcohol in these communities but the tendency of the youth to do it in excess. This is what makes the practice a harmful one, which is dangerous to the health of the people. According to Wallace (2015), sibling substance use correlates to adolescent substance use. Although this is true in most cases, not all siblings were found to be as influential. This was found to be because of varying age gap, sex and birth order in certain families.

A number of previous studies showed that high taxation – and hence a high price for alcoholic beverages – has a decisive influence on amounts consumed. Where alcohol can only be obtained in few places, its availability is limited and less is therefore drunk (Thomson et al., 2001).

In the general population, studies based on aggregate data suggest the price elasticity of demand for beer to be -0.3; for wine -1; and for distilled spirits -1.5 (Leung, Phelps, 1993, cited in Chaloupka, (2002). Given the high share of beer in the total consumption of alcohol by the young, such low elasticity may imply some inefficiency in the use of alcohol taxation policy.

A study in Australia by Jackson et al, (2009) found a negative relationship between the price of alcohol and adolescent alcohol consumption suggesting that price increases are related not only to reduced frequency of drinking, but also to less alcohol drunk on each occasion.



In a similar study by Elder et al, 2010, found a consistent association between higher alcohols prices/taxes and lower prevalence of youth drinking in nine out of six studies between 18-21 years.

Another study found that a 10-percent increase in the price of alcoholic beverages would reduce the probability of drinking and driving by about 7.4 percent for men and 8.1 percent for women (Kenkel 1993, cited in Chaloupka et al., 2002), with even larger reductions (12.6 percent for men and 21.1 percent for women) among those 21 years and younger.

Despite a relatively low price elasticity for beer consumption, one study estimated that direct increases in state beer taxes in the US had a significant effect on reducing youth alcohol consumption (Carpenter et al., 2007). Chaloupka et al., (1993) reached similar conclusions not only with respect to alcohol consumption by the youth, but also in terms of alcohol-related harm outcomes such as traffic fatalities.

Although great majorities of countries have minimum age limits for selling alcohol, ultimately their effectiveness will depend on the degree of enforcement by the sellers, and compliance by buyers. Surprisingly, most 15-16-year-old respondents in the ESPAD, survey conducted in 2007 said that it was either easy or very easy to buy alcoholic beverages, with beer being most accessible, followed by wine and then spirits (Directorate General for Health and Consumers, 2009).

However, a review study on legal age of alcohol purchase and consumption by Jackson, et al., 2009 found inconclusive evidence of an association between minimum legal age of alcohol purchase and alcohol consumption. Their conclusion was that retail managers were not always committed to enforcing the ruling. They also found that licensees and



servers perceived little risk in breaking this rule. Compliance checks by the police were not found to be always effective either (Jackson et al., 2009). Thus raising the minimum age for the purchase and consumption of alcohol reduces the frequency of alcohol-related accidents and other categories of conspicuous behaviour in adolescents. Strict control over the sale of spirits, example, exclusively in special retail outlets, also reduces alcohol consumption. Stricter laws also change social norms and society's tolerance of alcohol consumption. This also results in a reduction of the amounts of alcohol generally consumed (Hawkins et al., 1992).

The extent and degree to which such measures are implemented in the various countries is marked by the cultural and historic conditions found at the outset, such as the predominant religious orientation of the population and the related rights and traditions, the framework within which social policy is pursued, and the power of the corresponding interest groups.

2.7 Social strata and alcoholism

Among adults, alcohol consumption and abuse are frequently seen in Connection with social position. The fact of being socially disadvantaged is regarded as a “trigger” for increased alcohol consumption. According to WHO report, 2011, alcohol consumption is prevalent among people of lower socio-economic status and educational levels resulting in a greater risk of alcohol-related death, disease and injury – a social determinant that is greater for men than women.

In a similar work on alcohol by (Rehm et al., 2009; Benegal et al., 2007) also indicates that disease burden related to alcohol use is especially great among low income and middle-income populations and countries, where alcohol consumption is increasing and



injury rates are high due to limited implementation of public health policies and prevention strategies.

2.8 Gender and Alcoholism

Globally, it is estimated that 55% of women have never consumed alcoholic beverage (WHO, 2011). Despite the high abstinence rates of alcoholic beverage consumption, there is a growing concern that there are high-risk patterns of drinking among women in many low-and middle-income countries (WHO, 2011).

A report by (WHO, 2013) shows alcohol was responsible for 1 in 7 male deaths and 1 in 13 female deaths in the group aged 15–64 years worldwide.

The World Health Organization (WHO) estimated that during the late twentieth century there were 140 million people in the world who were alcohol dependent (Mayor, 2001). Generally, it has been found out that men are more likely to drink than women with the estimate of 68% for men and 54% for women and men drink more frequently than women (Harker, 2012) do.

In Ghana, the story was no different in terms of comparing men and women. The drinking prevalence for the population as at 2008 was 26.8%, 36.7% for men and 17.5% for women (GDHS 2008). Unfortunately, the GDHS 2014 did not touch on alcohol consumption. This may have shown a different (higher) picture considering the invasion of the local market with both local and foreign alcoholic beverages.

In addition, a research conducted in Ghana to determine alcoholism in women, it came up that among current drinkers, and about 4% of women were heavy alcoholic beverage consumers (Nandoo et al., 2011).



In one epidemiological research, heavy or at risk drinking for women is defined as more than three drinks a day and for men as more than four drinks in a day (NIAAA,2008). Also, the Dietary Guidelines for Americans describe moderate alcohol consumption as drinking up to one drink per day for women and up to two drinks for men (NIAAA, 2014: Alcohol levels defined).

Also combined data from SAMHSA's(2004-2005) National Surveys on Drug Use & Health, the rate of past year alcohol dependence or abuse among persons aged 12 or older varied by sex. Males had higher rates than females for all measures of drinking in the past years: any alcohol use (57.5% vs. 45%), binge drinking (30.8% vs. 15.1%), and heavy alcohol use (10.5% vs. 3.3%), and males were twice as likely as females to have met the criteria for alcohol dependence or abuse in the past year (10.5% vs. 5.1%). Men are 5 times more likely than women to develop alcoholism are.

2.9 Religion, education and Alcohol

Religion and education also affect alcohol consumption to a very great degree. Education and alcohol consumption are inversely related. People that are more educated consume less alcohol than less educated people do. However, it is the opposite for religion. People who have a strong faith and attachment to a particular religion consume less or no alcohol compared to people who are less religious. Various scholars have shown that religion is a protective factor for alcohol use (Almodovar et al., 2006; Hodge et al., 2001; Miller, Davies, & Greenwald, 2000).

In spite of this, a study by Gupta et al. (2003), conducted in India showed that alcohol consumption among middle aged men was highest among Christians, 51% followed by Buddhists, 46.6%. Muslims were the least consumers of alcohol with 5.7%. Alcohol



consumption is therefore lowest for practicing Muslims and devout Protestants as those who believe strongly in the Bible and study it have high abstention for alcohol. However, a study conducted by Chawla et al. (2007) personal attitudes towards religion and alcohol consumption found contrary results. Chawla et al. (2007) conducted a study to evaluate the personal attitudes as a mediator of the importance of religion and alcohol. Through an online survey, Chawla et al (2007), asked college students who were between the ages of 17 and 19 about their total alcohol consumption and the importance of religion and personal attitudes toward drinking. Chawla et al. found that personal attitudes were the greatest mediator between the importance of religion and alcohol use. Those individuals who believed that religion was important also had a negative attitude towards alcohol and, therefore, did not drink.

Consequently, those who had a positive attitude towards alcohol usually did not think that religion was important and, therefore, had no issue with drinking alcohol. However, this study cannot be generalized to the Jewish population because the sample population consisted of mostly Christians, those who did not specify an affiliation, or those who did not have any religion. It did not have any other religion mentioned in the study as comparison. It also had a low response rate and could have selection bias.

Rollocks and Dass (2007), on the other hand, examined the influence of religious affiliation on alcohol use among adolescents in Trinidad, Tobago, and St. Lucia and included different religious affiliations. The study was conducted using stratified random sample questionnaires in six schools. Rollocks and Dass sampled adolescents who were 13- to 15-year-olds or 16- to 18-year-olds. The religions represented among those that participated were Roman Catholic, Anglican, Hindu, Muslim, Seven Days Adventist,



Presbyterian, Baptist, and Pentecostal; Roman Catholicism was the predominant religion in that region. Hindus had a higher level of alcohol use than those in other religions, which was consistent with other studies (Rollocks & Dass, 2007; Luczak, Shea, Carr, Li, & Wall, 2002). Muslims had the next highest level of alcohol use. Roman Catholics, who have a higher acceptance of alcohol (Engs et al., 1990), were found to have a lower level of consumption of alcohol. Rollocks and Ali (2005) did not find a difference between ethnic groups leading researchers to believe that there were other factors contributing to alcohol aside from the sociocultural factors. Newman et al., (2006) conducted a study in Thailand among adolescents in secondary school and found that 28% of the students who practiced Buddhism drank alcohol compared with 35% of the no practicing population.

2.10 Alcohol Expectancies

Positive expectancies about alcohol's effects play a key role in the drinking behavior of emerging adults. With age, adolescents increasingly expect benefits from drinking and become less convinced of the risks (Schulenberg and Maggs 2002; Smith et al., 1995).

Expectancies appear to predict both drinking initiation in adolescence and maintenance of drinking throughout young adulthood. There has been evidence that expectancies predict drinking problems across adolescence and young adulthood (Jones et al. 2001). Optimism is an almost universal trait among emerging adults (Arnett, 2005). Because of their optimistic bias, many emerging adults do not see themselves as vulnerable to any negative consequences that might occur because of drinking, such as having an accident or becoming dependent on alcohol. Thus, emerging adults are more likely to take risks and to drink excessively, although risk taking may not be the impetus for their drinking.



In other words, the decision to drink is more influenced by the perceived benefits of drinking than by the perceived risks (Goldberg et al., 2002).

As with older adults, drinking for social purposes is associated with increased consumption, and drinking for escape or relief is associated with problem drinking (Jackson et al., 2005).

2.11 Outlet density

One other potential environmental determinant of alcohol consumption among adolescents and youth is outlet density, an important determinant of the general availability of alcohol. In a study in Scandinavian by Mäkelä et al., 2002, cited in Jackson et al., 2009 concluded that greater alcohol outlet density was associated with increases in alcohol consumption and alcohol-related morbidity and mortality in Scandinavian countries.

Another study in USA by Livingston, et al., 2007 looked beyond the effect of outlet density on adolescent alcohol consumption, and considered other outcomes, including violence, drunk-driving, pedestrian injury, and child maltreatment, finding a positive association between outlet density and these adverse outcomes.

2.12 Opening hours and other availability restrictions

Unrestricted trading hours of drinking bars play a key role in alcohol consumption.

In a study carried out in Australia by Jackson et al, 2009, it was found that extension in the trading hours of licensed stores was associated with greater violence and traffic accidents, as well as increases in arrests of drunk drivers aged 18 to 25. On the other hand, community restrictions on availability of alcohol were related to modestly



favourable outcomes, such as lower alcohol consumption and violence (d'Abbs, Togni, 2000, cited in Jackson et al, 2009).

In a before-after study conducted in Reykjavik, Iceland, it was found that introduction of unrestricted serving hours of alcohol was associated with an increase in police activity; higher emergency admissions at weekends; and increases in suspected drunk driving incidents (Ragnarsdóttir, et al., 2003, cited in Jackson et al., 2009). One paper reviewed evidence from several small natural experiments which took place in Scandinavia (Mäkelä, 2002, cited in Jackson et al, 2009), and found that restrictions on alcohol licensing typically resulted in decreased alcohol consumption. Typically, these studies were not restricted to adolescents only (with the exception of Chikritzhs & Stockwell, 2007, cited in Jackson et al., 2009).

2.13 Socio-demographic factors that influence alcohol consumption.

According to Jean Kinney (2000), patterns of alcohol consumption vary according to a number of socio – demographic factors. In the context under study, age, level of education, marital status, occupation and religion were considered. Kinney (2000) in his study found that those with less than Junior High School education reported drinking more (heavy drinking) compared to college graduates (Ford, 2008), (Kinney, 2000). In a similar study in India by World Health Organization (WHO), on the role of socioeconomic makers in the prediction of alcohol consumption it was discovered that the odd of drinking was relatively high among illiterate women (WHO, 2005).

In terms of marital Status and alcohol consumption, Kinney found the proportion of drinkers was essentially the same between those who are married, either separated or divorced or never married. However, the picture was different when one looks at heavy



drinkers. The highest rate of heavy drinking episodes is found among those never married, 8.7%, closely followed by those who are divorced, 7.9%. This is close to four times the rate of heavy drinking found among those who are married (Kinney, 2000).

However, in a study conducted by Prescott and Kendler (2001), it was found that there was significant association between marital status and decline in consumption prior to age 30. Significant differences in consumption patterns were associated with marital status; women who later divorced drank more than women who stayed married and divorced women who remarried drank less than divorced women who did not remarry. In conclusions, the results were consistent with a decrease in drinking accompanying the transition from being single to marriage (Prescott and Kendler, (2001).

In a longitudinal study conducted by Moore and others in the U.S.A and published in 2005, Age was found to be predictors of alcohol consumption. Consistent drinkers consistently drank with the passage of time whilst consistent abstainers consistently abstained (Moore et al, 2005).

In the study of “Alcoholism and Occupations”, Mandell and others reviewed and analyzed 104 occupations for an association between alcoholism and type of occupation. Results indicated that there was the prevalence of alcohol dependence and abuse in two high-risk industries, construction and transportation. They concluded that employment in some occupations might be protective for Alcohol Dependence (Mandell et al., 2006).

On religion, Ayers and others in the Journal of Studies on Alcohol and Drugs identified religion and religious messages as one of the mechanisms of social reinforcement by which religious institutions influence drinking behaviours.



They found that religious messages provided public health intervention, pathways to improving drinking behaviours (Ayers et al., 2009).

In a similar study, Kinney 2000 found Moslems and Protestants conservative religious denominations have the lowest percentage of members who drink alcoholic beverages as compared to Catholics.

2.14 Knowledge about the General Effects of Alcohol and consumption

Studies of the influence of knowledge levels on alcohol consumption have tended to indicate that there is no direct relationship between knowledge and alcohol consumption behaviours. Bennett et al., (1998) found knowledge levels alone to be inadequate to reduce alcohol consumption among adults, and McBride et al. (2000) obtained a similar result among teenagers.

Griffin et al. (2000) however found low levels of alcohol knowledge among teenagers to be associated with subsequent heavy drinking. It appears that knowledge levels may have some influence over alcohol consumption behaviours, although it is likely that this influence is mediated by other factors such as context and drinking history (McBride et al., 2000).

Peadon and others conducted a cross-sectional national survey on women aged, 18 – 45 in their reproductive years in Australia and their knowledge about effects of alcohol in pregnancy. It revealed that 61.5% had heard about effects of alcohol on the fetus and 55.3% had heard of Foetal Alcohol Syndrome. Although 92.7% agreed alcohol could affect the unborn child, 16.2% did not agree that the disabilities could be life - long. Most women agreed that pregnant women should not drink alcohol (80.2%). Women with higher educational levels were more likely to know the effects of alcohol consumption in



pregnancy and to obtain as compared to women with lower education; (Peadon *et al*, 2010).

In a larger study (national survey) conducted in Canada on women in their reproductive years on the awareness of the effects of alcohol use during pregnancy and fetal alcohol Syndrome; 71.0 % knew alcohol could be harmful in pregnancy but did not really know what the effects really were; 89% of the respondents believed that alcohol could cause life-long disability in the child and also some effects on the mother so stopped alcohol intake (Environics Research Group Limited, 2000).

Again, a study by Chang and others in the USA revealed that the pregnant women had good knowledge about the harmful effects of alcohol in pregnancy and healthy habits during pregnancy (Chang *et al.*, 2006).

In another study among pregnant women in Oslo, there was a general awareness of the harmful effects of alcohol that led to a 50% reduction of alcohol drinking in pregnancy (Hhlen *et al.*, 2006).

2.15 Life Experiences

Life experiences have the potential to influence alcohol consumption behaviours. The types of experiences that have been examined include past alcohol experiences, bereavement, health problems, unemployment, and difficulties at school and involvement in sports.

Related to experiences, alcohol consumption in adolescence is a predictor of heightened usage in later years (Shackett *et al.*, 2000). In a similar study, Guo *et al.*, (2000) found that the earlier the initiation of alcohol, the more likely that adolescent drinking will result in problem drinking in subsequent years.



Loss of a spouse or close relative has been found to increase alcohol consumption among both men and women (Beitchman et al., (2000).

Unemployment has been found to have influence on alcohol consumption. A study by Baron (2012) found that where there is unemployment alcohol abuse is more prevalent. Hajema et al., (1999), however found that re-gaining or obtaining employment does not always redress established drinking.

Beitchman et al., (2000) found that inability to perform well at school was associated with alcohol consumption, and strong academic performance appears to protect against alcohol consumption. In a similar study, Amonini (2000) also found that the more bonded students feel to their school, the less likely they are to engage in alcohol consumption.

In terms of involvement in sports and alcohol consumption, there is no consensus on the effects of involvement in sports on drinking behaviours. Moulton et al., (2000) found no significant difference in alcohol related harms among athletes and non-athletes, while Leichliter et al., (1998) found a negative association between extent of involvement in sports and the experience of alcohol related harms. Sports may serve to protect against alcohol abuse where it encourages individuals to look after their bodies to enhance their performance, but may increase the risk of alcohol consumption through exposure to licensed premises and other drinkers.

The presence of disabilities can also facilitate alcohol consumption. This can occur for a relatively minor condition as well as for significant compromises in health. Beitchman et al., (2001) found that speech impairment in children are associated with alcohol abuse in adolescent, and Hajema et al., (1997) noted that physical disablement was associated with heavy drinking and severe alcohol related problems.



2.16 Other determinants

Other determinants of excess drinking among adolescents include boredom, psychological distress, and communication problems (Milgram, 2001). Some researchers have highlighted the role of time preferences and impatience among children and adolescents. For example, in an experimental study among 661 children and adolescents aged ten to eighteen years, impatience was an important factor predicting expenditure on alcohol (Sutter, et al., 2010). Boredom was also identified in a British study of 11,879 schoolchildren aged 15-16 years (Bellis, et al., 2010)

2.17 What Alcohol Does

Alcohol does not go through the process of digestion, about 20% of it is directly absorbed into the blood stream through the stomach wall, while the remaining 80% passes into the small intestines where it is quickly absorbed into the blood stream. Once taken in, alcohol can be found in every tissue and organ of the body. Immediately alcohol reaches the brain, it “knocks out” the control centres, those centres that control our learned, refined manner which make us civil and courteous- causing intoxication. The liver breaks down about 90% of the alcohol consumed into the body; the remaining 10% is usually eliminated through the lungs and kidneys (Powell, 2000).

2.18 Stages of Alcohol intoxication

In the first stage, there is variation in the mood and emotions resulting in impaired thinking and poor judgment, slower reflexes and loss of control over one’s action. The second stage is the confessional stage where there is staggering, becoming unsteady in gait, disoriented and experience double vision. The third stage is the stage of stupor where one is unable to walk or stand, may vomit and becomes incontinent. The fourth



stage is a stage of unconsciousness. At this point, one is at risk of death from paralysis of the respiratory organs. Such “remedies” as cold shower, black coffee and fresh air have no effect on blood alcohol content.

2.19 Effects of Alcohol abuse

Conditions resulting from alcohol abuse can be chronic or acute. Heavy alcohol consumption is linked with risk behaviour and also maternal accidents and deaths (Asamoah & Agardh, 2012). Alcohol consumption in excess can also ruin friendships as it is closely linked with temperance (Warsh, 2000).

According to Uganda Youth Development Link (2008), the harmful use of alcohol causes considerable public health problems and is ranked as the fifth leading risk factor in premature death and disability in the world.

Again, alcohol consumption does not only cause physical and psychological health to the drinker but also harm to the well-being and health of others. A study by (Laslett et al., 2010) in Australia confirms this assessment. According to this study in Australia, country of 21 million, more than 10 million people have been negatively impacted in some way by a stranger’s drinking.

Diseases and injuries contracted because of alcohol consumption for instance, have social implications, including medical costs, which are borne by governments, negative effects on productivity, and financial and psychological burdens on families. An example of harm caused to others includes prenatal conditions caused by a mother’s drinking and injuries from violence caused by an intoxicated assailant.



In Ghanaian society, like any other society, people take alcohol in certain occasions and for various reasons at social gatherings, marriage ceremonies, parties, outdoorings and funerals. Others take in alcohol to manage their problems, while others take in alcohol to enhance their working performance. Domestic abuse, divorce, poor performance at work, loss of self-esteem, disrespect, self-embarrassment in public places and higher incidence of suicide and murder are some of the socio-economic effects of alcoholism (Langdana, 2009).

Although alcohol lowers inhibitions, excessive alcohol consumption can interfere with sexual function. Consistently drinking too much can impede male hormone production and testicular function, which leads to impotence and infertility. Secondary male characteristics, like facial and chest hair, may be reduced as well.

Alcohol users are commonly involved in sex crimes. According to the alcohol and drug information provided by the National Institute on Drug Abuse (2015), alcohol impairs judgment and some men may mistake a woman's (or fellow man's) friendliness for sexual overtures. They may not realize how aggressive their behaviour is. Additionally, people under the influence of alcohol may engage in risky sexual behaviour, like not using condoms and having sex with multiple partners.

According to the report, men who drink have an increased risk of developing cancer in the mouth, esophagus, liver, and colon. Both men and women may develop neurological problems including dementia, neuropathy, and stroke from chronic alcohol abuse. Psychiatric problems like depression and anxiety are associated with long-term abuse of alcohol.



In Ghana, one major source of parental neglect and irresponsibility is alcoholism. Alcohol consumption in recent times is a drain on the household economy, which most often results in personal and families even with their poor lands, meagre income and unreliable back-up support, to sell grains for drinking. Hard-earned monies from labour by fathers more often than not, is channelled in this direction. Many innocent Ghanaians have been seriously injured, maimed for life or sent to their sudden death through the negligence of drunk drivers. Thus, drinking and driving constitute an extremely dangerous form of alcohol abuse.

People who are drunk have poor judgment. They are careless and therefore prone to accidents at work, home or anywhere. Being found drunk regularly at work can cost a person his/her job. Quite a number of homicides and suicides have been committed under the influence of alcohol. Similarly, people who abuse alcohol have committed other crimes like stealing, robbery. Alcohol abuse costs Ghana billions Cedi every year through loss of productivity, employment absenteeism, sickness and huge medical bills. Child abuse, broken homes, ruined careers are all attributed to alcohol abuse, (Awake, 2005).

In addition, there are no safe levels of alcohol consumption for pregnant women, and alcohol can cause the most harm when consumed during the first trimester. Drinking while pregnant can cause miscarriage or stillbirth and lead to the development of physical and neurological birth defects in babies.

Alcohol consumption in pregnancy has a profound effect on both the mother and an unborn baby (Kinney, 2000).



However, the detrimental effect of alcohol is much more pronounced on the fetus compared to the mother. The severest effect of alcohol on the fetus is a constellation of variable physical and cognitive abnormalities called Fetal Alcohol Syndrome (FAS) whilst if it is less severe, it is referred to as Fetal Alcohol Effects (FAE). The unfortunate child basically, can be identified by small stature and a typical set of facial traits including small head (microcephaly), small eyes (microphthalmia), short palpebral fissures, epicanthal folds, a small or flat mid - face, a flat elongated philtrum, a thin upper lip, and a small chin. Abnormal palmar creases, heart defects, and joint contractures may also be evident. After birth, cognitive deficits become apparent. The most serious manifestation is severe intellectual disability, thought to be a teratogenic effect (Kinney, 2000).

Alcohol exposure in the uterus also increases the risk of spontaneous abortion and decreases birth weight (The Merck Manual, 2009).

For the mother, the effects of alcohol is not only on her physiology, socially, it disrupts the family relationship and causes work-related problems such as absences from work and reduces job performance. It is also associated with legal problems such as petty thefts (IAS, 2008).

2.19.1 Alcohol and poverty

The economic consequences of expenditures on alcohol are significant especially in high poverty areas. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include lowered wages (because of missed work and decreased efficiency on the job), lost employment opportunities, increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of



loans. A recent study conducted in 11 districts in Sri Lanka examining the link between alcohol and poverty found that 7% of men said that their alcohol expenditure was greater than their income.

Though a relatively small percentage, this is still a worrying statistic for the families concerned and for those interested in helping the worst-off families (Baklien & Samarasinghe, 2001).

2.19.2 Alcohol and domestic violence

Research has found that alcohol is present in a substantial number of domestic violence accidents. The most common pattern is drinking by both offender and victim.

In a study, examining episodes of domestic violence reported to the police in Zurich, Switzerland, evidence of alcohol involvement was found in some 40% of the investigated situations Maffli & Zumbunn, 2003).

Regarding partner violence, research evidence indicates that it is more strongly associated with heavy drinking, whether usual or occasional, than is non-partner violence, (Gmel & Rehm, 2003).

In a study conducted in Nigeria by Obot, (2000). On domestic violence and alcohol consumption, it came up that there was a strong association between domestic violence and alcohol use. In a similar studies carried out in three provinces in South Africa, it was found that domestic violence was significantly positively associated with the women drinking alcohol and conflict over the partner's drinking (Jewkes, Levin & Penn-Kekana 2002).

In a 2000–2001 survey of 5109 women of reproductive age in the Rakai District of Uganda, it was found that the strength of the association between alcohol consumption



and domestic violence was particularly noteworthy. Women whose partner frequently or always consumed alcohol before having sex faced risks of domestic violence almost five times higher than those whose partners never drank before having sex. Of women who recently experienced domestic violence, 52% reported that their partner had consumed alcohol and 27% reported that their partners had frequently consumed alcohol (WHO Global Status Report on Alcohol 2004).

2.19.3 Alcohol and gastrointestinal dysfunction and peptic ulcer

When an alcoholic beverage is consumed, it passes through the oral cavity, through the oesophagus into the gastrointestinal tract. Alcohol tends to affect the proper function of the muscles separating the oesophagus from the stomach. This leads to a person experiencing heartburns. Alcohol causes this by relaxing the sphincter muscles, which regulate the movement of acidic contents from the stomach into the oesophagus. When alcoholic beverages with high alcohol contents are consumed, they affect the secretion of gastrointestinal acid in organisms. Studies by Bode & Bode (1997) have shown that this development varies from one organism to another depending on the capacity of the organism's gastrointestinal tract. Peptic ulcer forms when acid erodes the lining of the digestive tract of an organism. Though alcohol intake does not cause peptic ulcers, its abuse has been found to significantly inhibit the ability of the sores to heal (Dakubo, Naaeder, & Clegg-Lampsey, 2009). Alcohol has the tendency of worsening the condition of peptic ulcer patients. It is therefore a requirement for peptic ulcer patients to reduce the amount of alcohol they consume.



2.19.4 Alcohol and hypertension

It has been found out that the risk factors for non-communicable diseases (NCDs) are not monitored routinely. Hospitals are slow to offer advice on the role of risk factors in the development of NCDs (Nelson, Nyarko, & Binka, 2015). This is a responsibility, which needs to be strengthened. Alcohol consumption with salt intake is one of the factors linked with high blood pressure (Lore, 1993). Other factors such as obesity, psychological stress, physical inactivity and the likes are all in a way linked to alcohol consumption. Other studies by Bosu (2010), have also found age, over nutrition and alcohol consumption to be associated with hypertension.

2.19.5 Alcohol hepatitis

Alcohol hepatitis is an inflammation of the liver caused by excessive intake of alcohol. Alcohol hepatitis is an acute form of alcoholic liver disease, which demands early medical attention. It is usually found in association with fatty liver, which is an early stage of alcohol liver disease. This may go on to develop into fibrosis and progress into cirrhosis. Patients who are diagnosed of alcoholic cirrhosis are often advised to be screened for alcohol-related cardiac, renal, pancreatic and nervous system diseases (Dugum & McCullough, 2015). Alcoholic fatty liver (steatosis) is the early response of the liver to alcohol abuse. This is characterized by accumulation of fat (mainly triglycerides, phospholipids and cholesterol esters) in hepatocytes. Alcohol consumption has been found to increase the supply of lipids from the intestines to the liver. This leads to deposition of fats in the liver. How prolonged alcohol consumption leads to steatosis is however not fully established (Gao & Bataller, 2011).



2.19.6 Injuries

Alcohol-related harms and injuries are further potentially devastating consequences of excess alcohol consumption by adolescents. One cross-sectional study showed that the likelihood of experiencing acute alcohol-related harms is significantly lower in those 15-16 year olds who drink within 6 established guidance than in those who drink heavily or frequently (Bellis, et al., 2010). Of course, a serious potential problem with this and similar studies is that drinking above official guidance may be associated with other risk factors for alcohol-related harm.

Violence is a frequent cause of alcohol-related harms among youth. One study found, for example, that adolescents who drink are more likely to be both perpetrators and victims of violence (Giancola, 2002, Newburn, Shiner, 2001). Among young people, alcohol consumption is frequently associated with violence, as well as with sexual assaults on college campuses (Giancola 2002, cited in Newbury-Birch et al, 2009).

There is some evidence that this may reflect the level of aggression in youth who drink excessively (Giancola 2002, cited in Newbury-Birch et al, 2009), although some authors have questioned whether this association is spurious (White, 1997). Another potential factor is the association between alcohol consumption and weapon carrying and fighting (Melzer-Lange, 1998, cited in Newbury-Birch et al, 2009). Women are generally less likely to participate in alcohol-related violence than men (Newbury-Birch, et al., 2009).

One systematic review evaluated existing epidemiological evidence (mostly case-control and cohort studies) on the link between alcohol consumption and the risk of falls among adults. Eight studies were included, with three from Europe (Finland and Sweden). The evidence was strongest for acute alcohol consumption, and inconclusive for moderate



consumption, suggesting a dose–response relationship. There was little control for potential confounding in the studies, and the findings were applicable to all age groups, not only adolescents (Kool, et al., 2009).

The young are also overrepresented in drunk driving statistics. Indeed, according to one estimate, young male drivers (Cnossen, 2007) cause nine out of ten alcohol-related road fatalities.

2.19.7 Interpersonal violence.

Numerous studies have found an association between alcohol consumption and aggressive behaviour though clearly not everyone who consumes alcohol gets aggressive. People with anti-social personality disorder appear to be particularly susceptible to alcohol related aggression (WHO Report 2005). People who have previously been violent under the influence of alcohol are the most likely to become aggressive when drinking again.

Internationally alcohol has been associated with numerous acts of interpersonal violence, which include physical and sexual abuse, emotional and psychological abuse and neglect WHO (Report 2005).

2.19.8 Co-morbidity

Psychiatric co-morbidity is common in individuals with a history of alcohol abuse and dependence. Schizophrenia, bi-polar disorder, depression, attention deficit disorder, anxiety disorder and eating disorders have all been associated with abuse of alcohol though it is not always clear which condition preceded which.

According to the WHO Global Status report on Alcohol (WHO 2004) there is now evidence to assume that alcohol has a causal role in depression. Not only do alcohol



dependence and major depression co-occur disproportionately but also higher volumes of alcohol consumption are associated with more symptoms of depression.

While it has often been postulated that people suffering from depression “self-medicate” with alcohol (and in some cases this is no doubt true), the question of which precedes the other is not yet fully resolved and/or whether there may be a third variable (such as neurobiological mechanisms or genetic predisposition) which causes both to occur. Nonetheless, evidence of a causal link from alcohol to depression is growing. Reversibility (remission during abstinence) is a key indicator for causal effect of alcohol dependence on depressive disorder and there is good evidence that abstinence substantially removes depressive disorders within a short time frame.

2.20 Consequences of Alcohol Consumption on the Youth

Social problems arising from alcoholism are serious ranging from pathological changes in the brain and the intoxication effects of alcohol such as confusion, disorientation and hallucination (McGrath, 1999). Alcohol abuse is associated with an increased risk of committing criminal offences, including child abuse, domestic violence, rape, burglary, assault and even death.

Alcohol is a central nervous system depressant. The exact action of alcohol on the brain is not completely understood, but it lowers inhibition. Even in moderate amount, it may cause memory lapses (blackouts), produce headaches, nausea and fatigue (hangover). Because alcohol decreases inhibition, it does not only produce a transient feeling of well-being, but also allows decreases inhibition, it does not only produce a transient feeling of well-being, but also allows a person to act impulses that ordinarily would be “held in check”. Alcohol irritates the gastro intestinal tract lining resulting in ulcer, cancer of the



oesophagus and the larynx (voice box). Prolong and excessive use of alcohol can shorten one's lifespan by as much as 10-20 years (Barbara, 2000).

Alcohol use for long periods can cause infertility in both sexes but especially in men. Alcohol use in the women, particularly in the first three months of pregnancy, exposes the unborn child to high risk of brain abnormalities, which can impair their social life if they are not miscarried wakefulness, and reduction of deep and restful sleep. It is known cause of sleep disorders. (Daily Graphics, (2009).

2.20.1 Performance in schools

Performance of adolescents in schools can be affected by in several ways, including the impact of alcohol consumption on brain development (including memory and cognitive functions), as well as absenteeism. One recent review (Heffernan, 2008) concluded that young adults who drink excessively are more likely to report lapses in their short and long-term memory than their none or low drinking counterparts, with a dose-response relationship observed. According to Alcohol Advisory Council of New Zealand (Engs et al, 1996), the effects of alcohol are more vulnerable to the negative impacts on memory and learning, as the brain is still developing up until the 20s. The consumption of alcohol can be expected to have a negative impact on schooling both directly through its potential effect on cognitive ability and indirectly through its impact on study habits Porter et al (2007). The most obvious mechanism by which drinking may affect Grade Point Average (GPA) is through the allocation of time to study, which it means that, since drinking and studying take time, drinking may reduce the number of hours that a student spends studying outside of class and hence reduce their level of academic achievement (Wechsler et al(2008) . For the underage students who drink alcohol, it can be seen that it



is commonly resulted in the low educational achievement and high absenteeism rates Porter et al (2007).

To support this, Wyatt (1992) stated that f-frequency of alcohol consumption was associated positively with absenteeism from classes disliked. The second effect of alcohol on education performance is focusing on the negative impacts on time spent studying. In a similar study, Wolaver (2002) found that alcohol consumption has a negative predictive effect on study hours under all definitions of drinking, which are binge, frequent binge, drunkenness and frequent drunkenness. The probability of getting a high GPA significantly decreases as the frequency of heavy episodic drinking increases Wolaver (2002).

Another study concluded that academic success in schools (including receiving good grades), as well as absenteeism can be related to adolescent alcohol consumption, as well as to early initiation of drinking (Loveland-Cherry, 2005, cited in Newbury-Birch et al, 2009). More specifically, it was found that drinking more than five units by male students, and more than 4 by female students, during a 2-week period, was associated with more than three times greater likelihood of falling behind in school, and compared to moderate drinkers (Perkins, 2002, cited in Newbury-Birch et al, 2009). Based on a review of epidemiological and experimental studies, Courtney and Polich (2009) concluded that binge drinking and acute alcohol consumption might impair executive-type cognitive functions among young adults.

2.20.2 Alcohol dependency later in life

Starting to drink early may determine attitude to alcohol later in life. Indeed, results from a 7-year long cohort study based on a sample of about two thousand individuals suggest



that drinking frequently at age 14–15 years correlates with alcohol dependence at age 20–21 (Bonomo, et al., 2004). In another study by Danielsson, (2011) in Scandinavia, it was found that heavy episodic drinking by boys aged 13 was one of the strongest predictors of heavy episodic drinking later in life. In a similar study by Greenaway, et al., (2009), he concluded that the age of initiation of regular drinking is predictive of alcohol-related problems later in life. Another review also found that the earlier children start to drink, the more likely they are to suffer from alcohol-related harms (Hope, 2009).

However, two reviews on effects of early initiation of alcohol by (Boyd, et al., 2005, Saunders, Baily, 1993, cited in Newbury-Birch et al, 2009, it was that early age of drinking onset was only modestly related to heavy drinking later in life. Indeed, their study further found that alcohol consumption at young ages could potentially contribute to dependency on other substances such as cannabis as well.

2.20.3 Social and psychological impact of alcohol use and abuse

Though Social and psychological impacts of alcohol are difficult to measure, one can look at substantive impacts on crime, patterns of interpersonal violence and family and work problems.

Internationally alcohol has been associated with numerous acts of interpersonal violence which include physical and sexual abuse, emotional and psychological abuse and neglect WHO (draft paper 2005). A national study of prisoners and parolees in 1996 found that just under half had taken alcohol or other drugs just prior to the crime for which they were incarcerated (Rocha-Silva &Stahmer, 1996).

Also a Subsequent research Parry et al in Cape Town, Durban and Johannesburg in three phases between 1999 and 2000 (Parry et al., 2004) found that overall 15% of arrestees



indicated that they were under the influence of alcohol at the time the alleged offence took place. Regarding violent offences, 25% of arrestees indicated that they were under the influence of alcohol; weapons related offences, 22percentage, rapes 17%, 14% murders and assault cases and 10% of robberies. Levels of alcohol-related crime were particularly high for family violence offences at 49%.

Arrestees also indicated that they were often under the influence of alcohol in cases involving property offences, for example, 22% of cases involving housebreaking and 12percentage of cases involving the theft of a motor vehicle. When asked why they consumed alcohol or other drugs in relation to crimes, many arrestees indicated they consumed these substances in order to give them courage to commit the crimes (Parry et al., 2004).

2.20.4 Risky sexual behaviour/premature pregnancies/STDs

Adolescent alcohol consumption is also associated with risky sexual behaviour. Halpern-Felsher et al (1996) reviewed the association between adolescent alcohol consumption and involvement in risky sexual behaviour. The most rigorous studies used event analysis, comparing at least two discrete events for each subject. They revealed a positive association between alcohol use and first sexual events, but lack of evidence for the link between adolescent alcohol consumption and other types of sexual relationships and risky behaviours. In addition, alcohol consumption among young women was associated with lower use of contraception (Kaestner, Joyce, 2001, Sen, 2002, cited in Grossman et al, 2005).

In another recent study, Baliunas et al (2010) found that those who consume alcohol have about 77% higher risk of contracting HIV compared to those who do not consume



alcohol. Again, Baliunas et al (2010) discovered that for binge drinkers, the risk relative to non-binge drinkers was even higher (RR= 2.20; 95% CI: 1.29–3.74). Surprisingly, another review found that heavy alcohol use was not associated with a higher probability of having adolescent sex (e.g., Rees, et al., 2001, Sen, 2002, cited in Grossman et al, 2005).

However, Cooper (2002) in his study found association between drinking and risky sex in samples of college students and youth, with much of the evidence from the USA. The main finding was that college drinking was strongly related to a higher probability of having sex, and to risky sex in particular (for example, having multiple partners), although evidence on the association between drinking and condom use was inconclusive. Similarly, Boyd et al (2005, cited in Newbury-Birch et al, 2009) concluded that heavy drinking by college students was significantly associated with risky sexual behaviour and aggression. More relevant to the European experience, a review of drinking behaviour by UK university students, by Gill (2002, cited in Newbury-Birch et al, 2009) showed that there was a significant positive association between alcohol consumption and the risk of having unplanned pregnancy and HIV infection, suggesting that alcohol consumption can have serious health consequences for adolescents from all socioeconomic classes.

2.20.5 Death

Death is the most dramatic potential outcome of excessive alcohol consumption by adolescents. According to one estimate, in the EU, “over 10% of female mortality and around 25% of male mortality in the 15–29 age group is related to hazardous alcohol consumption” (Commission of the European Communities, 2006). The World Health



Organization has estimated that in 2002, about 600,000 Europeans died because of alcohol consumption. About 10% of all these deaths, or about 63,000, were among adolescents aged 15-29 years (Duarte, et al., 2007). If this number is restricted to men living in European Union only, about 13,000 young men die because of alcohol consumption each year, which accounts for about 25% of all deaths among young men in the EU. This number increases to more than 30% in the EU10. The alcohol-related death toll among young women is smaller but still substantial, with about 2,000 dying each year (Anderson, Baumberg, 2006).

Alcohol increases the probability of death in adolescence mainly from the greater risk of intentional (e.g., homicides and suicides) and unintentional (car crashes) injury, rather than through heart disease and other chronic health conditions, which dominate in adults. For example, previous studies have shown that heavy drinking is a major risk factor for suicidal behaviour among adolescents (Andrews, Lewinsohn, 1992, Beautrais, 2000, Lesage, et al., 1994, cited in Anderson, Baumberg, 2006).

2.20.6 Alcohol and maternal mortality

Many studies have been conducted across the world and in Ghana on the relationship between alcohol use and maternal injury and mortality. The prevalence of alcohol consumption among Ghanaian women has been found to be high (33%). Religion has been found to influence alcohol consumption among Ghanaian women as those who often attended religious meetings consumed less alcohol compared to their counterparts who were less religious (Anyawie, 2013). It is unfortunate that pregnant women are also found to consume alcohol. Chronic alcohol consumption in pregnant women has a number of effects ranging from the mother to the unborn child. Maternal injuries and



mortality are heightened when pregnant women engage in this practice. The unborn child may also

2.21 Uses of Alcohol

Since ancient times, alcohol has been used as a medicine. It was an antiseptic and an anaesthetic and was used in combinations to form salves and tonics. It was used for knee pain and even hiccups. St. Paul in the bible advised Timothy ‘No longer drink only water, but use a little wine for the sake of your stomach and your frequent ailments’ (Thompson Bible, 2006).

Alcohol is used in communities for social, ritualistic, dietary and mood modification. According to confident Kunateh, (2007), alcohol has social and ritual uses. He further explained that for social purposes, alcohol is seen as a “social mixer” in which the conscience is dissolved and rigid inhibitions are lowered. For ritual purposes, alcohol is used during marriage ceremonies, cultural, religious as well as for good fortune and during funerals. It is also used as a complement to certain foods and ingredient in special food dishes as well as for mood modification to reduce stress, feel powerful or confident.

2.22 Historical use of Alcohol in Religion

The use of alcohol was first delineated in the Bible. In the Old Testament, which is followed by the Jewish religion, Noah planted a vineyard, made wine, drank from it, and became intoxicated (Genesis 9:20-21). Alcohol use was also depicted in the Book of Esther, although alcohol was used for celebratory reasons. In the New Testament, which is followed by Christianity and not Judaism, Jesus changed water into wine (John King James version, 2:1-11) and he drank wine (Matthew King James version 26:29) at the last supper which was Passover. The Koran, which the Muslim people follow, prohibits the



use of alcohol for any reason (Surah Maidah (food), verses 90 & 91) Islam and Buddhism are religions that prohibit the use of alcohol (Newman et al., 2006) whereas Christianity and Judaism have mixed messages regarding alcohol. Alcohol is used for ceremonial rituals as well as on holidays; however, it states in these religions that it is prohibited to drink alcohol (Patock-Peckham et al., 1998). Alcohol plays a role in many of the sects of Christianity (Azmat, H., 2012) and Judaic religions for ceremonial rituals, such as putting wine on the gums of the baby at a circumcision (Snyder, 1978, pp20) or the use of wine at communion as "the blood of Christ." (Azmat, H., 2012).

In the Jewish religion, alcohol is a fundamental element to the Sabbath, holidays, and celebrations (Snyder, 1978, pp. 33). On the Sabbath, a cup of wine is used in Kiddush at the beginning of each meal and is used in Havdalah at the conclusion of the Sabbath (Snyder, 1978, pp. 21). Likewise, on holidays, especially Purim where it says to drink until you do not recognize the difference between Mordechai and Haman, alcohol is a major source of celebration (Snyder, 1978, pp. 29). Ceremonies such as weddings include alcohol as well. Studies, however, have not examined the differences among the sects in Judaism. Reform Jews are mostly assimilated; there is a high percentage of intermarriage and many may have a similar view as those of the rest of the world.

Conservative Jews are more closely related to the Orthodox Jews when compared with Reform Jews and therefore these two groups may have a similar view toward alcohol use. Orthodox Jews adhere to the laws more stringently than the other two sects do; thus, it is more acceptable for adolescents to drink (Snyder, 1978, pp. 45). Patock-Peckham and the other researchers (1998) found that there is a distinction between religious affiliation and the individual's religious orientation. Although both Protestants and Catholics are part of



Christianity, there were a number of differences regarding drinking. Catholics reported drinking more for celebratory reasons since wine is acceptable at church functions. Protestants, however, had higher levels of perceived control. This appears to indicate that social norms and accepted attitudes toward alcohol use play a function in the use of alcohol. Patock-Peckham et al. (1998) also found that the more connected an individual feel toward religion, the less likely he or she is to abuse alcohol. This study found that religious affiliation played a significant role in the use of alcohol were either Catholic, Protestant, or had no religious affiliation.

Studies often do not examine the differences that may occur within denominations or sects within religion. Orthodox Jews do not necessarily practice Judaism the way that the Conservative and Reform Jews do (Snyder, 1978, pps. 43-44). Like Judaism, other religions that have different denominations where the use of alcohol varies among them (Rollocks & Dass, 2007). Denominations and sects are not often considered in studies when religion is evaluated (Francis & Mullen, 1997). In Britain, there have been assumptions that denomination has been irrelevant to understanding social attitudes, values, and behaviors (Francis & Mullen, 1997). However, it is still important to research how denomination may influence attitudes. Although Francis and Mullen (1997) found that denominations continue to have a significant influence on attitudes toward alcohol and drugs, it is only effective among those that are practicing religion.

The Francis and Mullen study (1997) showed that there was a significant relationship between religious belief/practice and alcohol use. An individual was more likely to drink if he or she was less likely to believe in religion. This was regardless of how he or she was raised.



2.23 Alcohol as part of social control

Since the arrival of European settlers in South Africa, alcohol was used as a form of social and economic control. At different periods, it was used in barter for cattle, in exchange for labour (including the “dop” system), the education of slaves and played a pivotal role in “managing” labour in certain sectors of the economy such as mining and agriculture (Parry and Bennetts 1998). The history of alcohol in South Africa is an integral part of the history of apartheid and segregation. During apartheid who was allowed to buy liquor, when, what types and where were all determined by race and used to control the movements, social habits and freedoms of black people. In townships, municipal beer halls were established by local authorities to help finance township development and control the behaviour of black people.

In response, many people turned to illegal liquor related activities - both brewing traditional African beer and setting up illegal outlets (shebeens) where liquor was sold. Importantly the growth of illegal shebeens in the second part of the 20th century served not only as a way to increase access to alcohol, as a means for social mixing and as employment for the owners and employees but as a form of resistance to apartheid policies. Moreover, during the 1976 uprisings in Soweto and other townships, beerhalls were specifically targeted as they had come to symbolize white domination and control.

This history of distribution, consumption and resistance is critical for understanding current alcohol related behaviour.

2.24 Potential Benefits of Alcohol Consumption

Though alcohol consumption has a number of dangers associated with it, it may have some advantages. The consumption of alcoholic beverage is associated with certain



health benefits and risks. Numerous studies have revealed that consuming alcoholic beverage moderately have some health benefits to the consumer; such as sharp reduction in heart disease risk (NIAAA,2008) low mortality and reduced risk of stroke by about half (Kargman et al., 1999). Many researchers (Med J, 2001) have therefore, accepted the benefits of moderate alcoholic beverage consumption to the heart. Consuming alcoholic beverage moderately is, hence, linked with better health status and longevity than either abstaining or abusing it (Hanson, 2013).

Many prospective studies have shown that the lower your alcohol consumption, the higher your risk of heart attacks (Rimm et al., 1999). This has been found for both men and women from over 100 studies conducted. Alcoholic beverages, especially wines have been found to be very good for the heart and it is often recommended in the hospitals for people to consume them moderately. Consumption of alcoholic beverages such as red wine not only reduces heart attack rates but also ischemic stroke, peripheral vascular disease, sudden cardiac death and death from all cardiovascular causes.

Beyond the heart, alcohol also goes on to affect the other parts of the body positively. The reduction of gallstones and type 2 diabetes among moderate alcohol drinkers as compared to non-drinkers is another important role played by alcohol with respect to health (Rehm et al., 2004). In addition, findings from a cohort of more than 40 000 male health professionals showed that moderate alcohol consumption might decrease the risk of diabetes, perhaps through the effects of alcohol on insulin sensitivity (Rimm et al., 1995). This protective effect was further substantiated, mainly in studies established by Perry et al., 1995; Ajani et al., 1999.



However, a study by Wei et al., 2000; Kao et al., 1998 showed that there may be differential benefits effects of alcohol on men and women, and even detrimental effects at higher levels of intake. Plausible biological mechanisms were seen to exist in mediating effects of moderate alcohol intake on glucose tolerance and insulin resistance (Facchini, Chen & Reaven, 1994; Kiechl et al., 1996; Lazarus, Sparrow & Weiss, 1997; Flanagan et al., 2000). This however is limited to moderate drinkers and not heavy drinkers.

It will be incomplete to talk about the benefits of alcohol without mentioning the social and psychological aspects. A little alcohol before meals improves digestion. People who otherwise have a challenge in performing a task in public have an extra boost with a little alcohol taken in. alcohol can also give a soothing relief to its consumers from a hard day's work. Most people take alcohol either for relaxation purposes or as appetite booster (Hu et al., 2016). However, the consumption of alcohol moderately, per its general definition, may not be beneficial to everyone; it is advisable to personally and medically examine oneself to determine how moderately to consume alcoholic beverage. On the other hand, heavy consumption of alcoholic beverage can be a prelude to diseases such as cardiovascular diseases (Gaziao et al., 2008), indigestion and gastrointestinal ulcers, obesity, metabolic syndrome and glucose intolerance; reproductive health problems and chronic kidney disease, induced hypertension and liver diseases.



CHAPTER THREE

3.0 METHODOLOGY

This study of factors contributing to alcohol use among the youth was carried out in the Upper East region, Bolgatanga, Ghana. The study employed mixed methods approach – making use of both quantitative and qualitative methods. These approaches are appropriate for the type of study. The study was conducted using interviews (guided by structured questionnaire) and focus group discussions involving youth aged 16-35 years who use alcohol.

3.1 Study Area

The study area is the Bolgatanga Municipality in the Upper East Region. The choice of this region was informed by the outcome of research conducted by Friends of the Future and a call by Coalition of Non-Governmental Organization (NGOs) in health in the Region that stakeholders, particularly government to help address the menace of alcohol consumption among the youth.

Legislative Instrument (LI) 1797 established the Bolgatanga Municipality in 2004 (2004). Located in the centre of the Upper East Region, approximately, between latitudes 10°30' and 10°50' North and longitudes 0°30' and 1°00' West, it is also the regional capital. Bolgatanga Municipality is bordered to the north by the Bongo District, south and east by the Talensi and Nabdam Districts, and to the west by the Kassena-Nankana Municipality. It covers a total land area of 729 square kilometres. It was the first of three municipalities to be established in the Upper East Region (the others are Bawku and Kasena-Nankana Municipalities), which together with ten other districts constitute the Upper East Region of Ghana.



The natural vegetation is that of the savannah woodland, characterized by short scattered drought-resistant trees and grass that is burnt by bushfire or scorched by the sun during the long dry season. Human interference with ecology is significant, resulting in near semi-arid conditions. The most common economic fruit trees are the shea, dawadawa, baobab and acacia.

The climate is characterized by one rainy season from May/June to September/October. The mean annual rainfall during this period is between 800 mm and 1,100 mm. The rainfall is erratic spatially and in duration. There is a long spell of dry season from November to mid-February, characterized by cold, dry and dusty harmattan winds. Temperatures during this period can be as low as 14 degrees Celsius at night, but can go to more than 35 degrees Celsius during the day.

Humidity is, however, very low making the daytime high temperature a little uncomfortable. The Region is entirely within the “Meningitis Belt” of Africa. It is also within the onchocerciasis zone, but with the control of the disease, large areas of previously abandoned farmlands have been declared suitable for settlement and farming (UNDP Ghana, 2010).

According to the 2010 population census, Bolgatanga Municipality has a total population of 131,550 accounting for 12.6 percent of the population of the Upper East Region. The Municipality has a male population of 62,783 constitutes 47.7 percent and females are 68,767 or 52 percent of the total population. Although urbanization is fast catching up with the Bolgatanga Municipality, the rural population still account for half (50.2) of the population. The Municipality has a youthful population with 37.0 percent of the



population below 15 years. The aged (60 years and older) constitute 7.4 percent of the population. The Municipality has a sex ratio of 91.3 implying there are more females than males.

Nearly two-thirds (64.6%) of the population 11 years and older are literate while 35.4 percent are not literate in any language. The proportion of literate males (72.8%) is higher than females (57.4%). The proportion of males who can read and write in English and a Ghanaian language is 17.0 percent as compared with 10.6 percent of their female counterparts. Majority of the population 3 years and older currently attending school are at the primary level (47.0%) while 5.3 percent are in post-secondary or tertiary level. More males than females are currently attending tertiary education.

More than 70 percent of the population 15 years and older are economically active, while those economically not active constitute a quarter (26%). Among the economically active population, 97.6 percent are employed and 2.4 percent are unemployed in the Municipality. Among the economically not active population 52.6 percent are students, 19.2 percent are performing household duties while 6.3 percent are disabled or too sick to work. More than half (55.6%) of the unemployed are first time job seekers while 44.4 percent have ever worked.

According to the census, more than half (58.1%) of the population 15 years and older are self-employed without employees, 3.1 percent self-employed with employees, and 15.5 percent are contributing family workers. Employees constitute 18.3 percent with two times more males than females. More females are self-employed without employees, contributing family workers, and domestic employees. The proportion of the population



who are employed in the private informal sector is 83.4 percent, the public sector and the private formal employ 11.8 percent and 3.9 percent respectively. Males are more likely than females to be in these two sectors.

Agriculture, hunting and forestry are the main economic activities in the Municipality. About eighty percent of the economically active populations engage in agriculture. The main products are millet, guinea-corn, maize, groundnut, beans, sorghum and during the season tomatoes and onions. Livestock and poultry production are also important. Water-retaining structures (dams and dugouts) provide water for both domestic and agricultural purposes.

The activities that dominate the industry sector are small-scale agro – processing of groundnuts, shea nuts, *dawadawa*, rice, sorghum, soya beans, maize and millet. The service sector activities include trading or commerce, transportation among others.

3.2 Study Design

A cross sectional descriptive study design, which is a quantitative study, was used for the quantitative research.

A cross-sectional design examines the relationship between health related states and other variables of interest, as they exist in a defined population at a single point in time or a short period of time (Public Health Action Support Team, 2011). In other words, it involves the collection of data at a specific point in time and can involve what the situation is now or retrospective or prospective information about a phenomenon (Ross, 2005). This design was chosen because of its advantage of collecting data from a defined population over a short period.



For the qualitative research, a descriptive qualitative approach was employed. Such a study provides in-depth knowledge that is holistic, incorporating contextual influences. (Larrabee, 2009). As such, it is the most suitable approach to unearth the experiences of the youth regarding factors that influence their alcohol use.

3.3 Study Population

The study populations from which the sample was drawn consisted of males and females aged 16 – 35 years who use alcohol. Persons below the ages of 16, and above 35 who use alcohol were not considered for the study.

3.4 Sample Size

A sample size of 255 consisting of males and females who use alcohol was used for the study.

In order to ensure that this sample was representative of the male population in the municipality, the sample size was determined by the general formula developed by Yamane (1967) cited in Israel, (1992).

$$n = \frac{N}{1 + N(\alpha)^2}$$

Where n= sample size; N= Total population; α = margin of error (0.05).

According to the 2010 population census figures, the municipality has a population of 62,783, which was used.

Mixed methods of data collection were utilized. In the quantitative method, the study interviews were conducted using a semi structured questionnaire. A total of 219 men and women who use alcohol participated in this phase. In the second phase of the study (qualitative), four (4) focus groups discussions were performed. A total of 36 men



comprising nine participants in each group who use alcohol participated in this phase. The interviews were performed at four different locations within the communities.

3.5 Sampling Techniques

The quantitative data collection involved a representative probability sample of 219 respondents from the communities. The quantitative data collection was done at community level in selected drinking bars. In the first stage, the 13 administrative communities in the municipality were clustered into four zones. From each cluster, two communities were randomly selected by research assistants giving a total of eight.

Respondents for the study were obtained by convenience method. Sampling by convenience means the respondents were selected from the target population based on their accessibility or convenience to the researcher (Ross, 2005).

A semi-structured interview questionnaire was used to collect quantitative data from respondents for the study.

For the qualitative method, a purposive sampling technique was used to select the participants for the Focus Group Discussions (FGDs).

An experienced research assistant with qualitative interview experience was recruited to assist me conduct the qualitative focus group discussions. Four focus group discussions were conducted. For each focus group discussion, at least one person was selected from each of the eight communities for the group discussion. Each focus group discussion engaged youth who use alcohol separately. Each focus group was made of nine (9) participants. The location of the discussion was at an agreed point in each community. Each focus group lasted about 45minutes.



3.6 Data Gathering Instruments

For the quantitative data, a semi-structured questionnaire was used to collect information from each participant. These interviews were conducted with assistants of research assistants. The selection criterion was made known to the Research Assistants so they could assist in identifying the participants. Selection of participants was done mostly on weekends, Fridays and Saturdays. A number of visits were made to some drinking bars on these days until the required sample size was obtained. On each visit, the researchers identified the studied participants. Upon identification, the purpose of the study was explained to each participant and a questionnaire administered to the participant. A total number of 219 youth participated in this study.

The qualitative data were audio taped. Each participant's demographic data was collected along with the interview data. Participants were encouraged to express themselves freely on all questions raised. Each interview session with a participant lasted about 45 minutes, while the data gathering was conducted within a period of two months. Each audiotaped interview was transcribed after each session and the transcribed data reviewed to gain a proper understanding of each respondent's experiences. The transcribed data were later complemented with field notes. The audiotaped interviews were transcribed verbatim in to a note book and later typed. Labels were used to identify various participants on the transcribed data. These labels were „P1“ which stands for participant 1, then P2 for participant 2 up to P9. Participants were assured of maximum confidentiality



3.7 Inclusion and Exclusion Criteria

As the study sets out to explore factors that influence youth alcohol use and abuse, the following inclusion and exclusion criteria was used to select the right participants. The participant;

Must be a youth who has experience in alcohol use and abuse

Must be resident in the selected Communities.

Must be between the ages of 16-35 years

Must be willing and ready to be interviewed.

Willingness to participate in the study through completing or signing a written consent form was one of the criteria for being eligible to participate in the study

Respondents who did not meet these requirements were not included in the study.

3.8 Staff Recruitment and Training

Two survey/ research assistants were recruited to assist with the data collection. An intensive orientation program was organized for the field staff. The objective of the orientation was to explain the reason of the survey to their understanding, take them through the research methods and tools, to improve upon their interviewing skills. The importance of teamwork, standard procedures and the need for valid data was particularly emphasized.

3.9 Quantitative Data Management, Processing and Analysis

Field data collected via the questionnaire were coded and edited. IBM SPSS Statistical Software for Social Sciences version 21 was used in the data entry. Adequately trained



entry clerk was hired to enter the data. The entered data in its raw form was sent to my Supervisor for validation for consistency. Double data entry was done in excel to check for errors and outliers.

Descriptive and summary statistics were computed, with data presented in the form of tables, pie and bar charts. Chi-square was used to test whether respondent characteristics were significantly associated with the outcome variables or not.

3.10 Qualitative Data Management, Processing and Analysis

The FGDs were recorded using an audio taping device with the consent of all participants. To ensure confidentiality, pseudonyms were used for participants during interviews and for transcription as well as analysis. The qualitative data collected were analysed manually. Each group was facilitated by a moderator, who guided the discussion and a note-taker who recorded the discussion.

The audiotapes were used to confirm and expand upon the notes. The notes from the discussions were transcribed in English. The outputs were then sorted into thematic areas

3.11 Pre-Testing

To eliminate doubt and errors, the interview guide/questionnaire was pre -tested on five youth aged 16-35years by the researcher. This pre-test was done outside the studied communities. These youths did not form part of the main study. The essence of pre-testing was to determine whether questions were clear, unambiguous and can be understood by the participants or needed to be revised.



3.12 Ethical Consideration

The study protocol was developed to adhere to both local and international standards for protecting the rights and safety of human subjects in research. Ethical clearance was sought and obtained from the University for Development Studies before the study was conducted. The study procedures and tools were submitted to ethical review by my Supervisor and the University for Development Studies, Tamale.

All individuals who agreed to participate in the study were required to sign a consent form. The consent statement was read to the respondent and his/her agreement to participate recorded. Participants who could not read or write were provided with stamp pad to thumb print. Participation in the study was voluntary and non-coercive.

Confidentiality of respondent identity and information was protected by employing the following:

- All the participants were interviewed at places they considered suitable
- Names of respondents were not captured by the questionnaires or during the FGDs

3.13 Pre-Test of Questionnaires

Both questionnaires for the quantitative and interview guide for the qualitative study were pre-tested in one of the unsampled communities (Sumbrugu) for the study. This was to identify the strengths and weaknesses of the questionnaire and corrections be made before they were sent to the field for the actual study.



CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter is a summary of the findings obtained from the study under the following topics: Socio-demographic characteristics of respondents, socio – demographic factors significantly associated with alcohol use, gender and frequency of alcohol use and factors influencing alcohol use.

The data collected was entered in the Statistical package for Social Sciences (SPSS) version 21 for analysis. The study consisted of both qualitative and quantitative.

A total of 255 respondents were interviewed. This consist of 219 (85.9%) quantitative data and 36 (14.1%) qualitative. There were 208 (82%) males and 47(21.5%) females. The ages of the 219 respondents ranges between 16 to 35 years. The mean age of the respondents was $25.5 \pm (5.9)$ years, with the modal ages between 26-30years.

4.2 Socio-Demographic Characteristics

The quantitative study consists of 172 (78.3%) males and 47 (21.5%) females. Many of the respondents were between the ages of 26 -30 years (35.6%), followed by 31-35 years (28.8%) (Table1). The study participants were mostly single and never married before 127 (58.0%), this was followed by married individuals 86 (39.3%). Of the singles, majority 95 (74.8%) were males. Many of the respondents were Christians (55.7%), followed by Traditional believers (30.1%), with (11.0%) Muslims (Table 1). The study participants were mostly students 66 (30.1%), followed by Traders 59, (26.9%), and Farmers 51 (23.3%) respectively (Table 1).



The educational backgrounds of respondents in descending order were JHS/Middle graduates (37.4%), SHS/Technical (26.9%) and Tertiary level of education (23.3%) (Table1).

Other characteristic observed was that five persons representing 2.3% had divorced their marriages and were no more with their partners (table 1).

Of all the respondents interviewed, one person was a widow representing 0.5% of the studied participants (table1).

The results are summarised in table 1.



Table 1. Socio-demographic characteristics of respondents

Characteristics	Total	Percentage (%)	P-Value
Age (Years)			
16-20	26	11.9	0.136
21-25	52	23.7	
26-30	78	35.6	
31-35	63	28.8	
Sex			
Male	172	78.5	0.023
Female	47	21.5	
Marital Status			
Married	86	39.3	0.008
Single	127	58.0	
Divorce	5	2.3	
Widow	1	0.5	
Religion			
Muslim	24	11.0	0.020
Christian	122	55.7	
Traditional	66	30.1	
Others	7	3.2	
Education			
Primary	22	10.0	P≤0.000
JHS/Middle	82	37.4	
SHS/Tech	59	26.9	
Tertiary	51	23.3	
None	5	2.3	

Source: Field survey 2016.



4.3 Factors significantly associated with alcohol use

Statistic test using chi-square showed a significant association between some demographic characteristics such as sex, marital status, religion, occupation and educational level.

There was a statistical significance between respondent's alcohol use and gender ($p=0.023$) marital status ($p= 0.008$), and with religion ($p=0.020$) (Table 1).

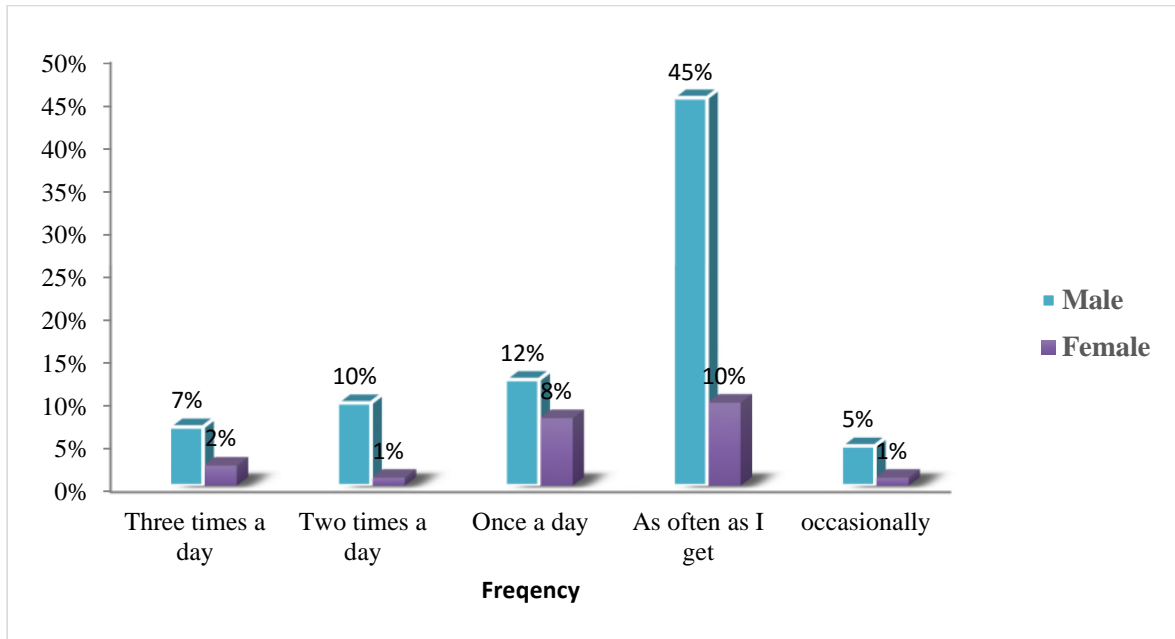
Furthermore, there was a significant association between respondent's level of education and alcohol drinking habit ($p< 0.001$) (Table 1). However, there was no significant positive association between age and respondent alcohol use ($p = 0.136$) (Tale 1).

4.4 Gender and frequency of alcohol use

The study found that more Males (45.2%) used alcohol as often as it was available on daily bases compared to females (9.6%) (Figure 2). Again, males (6.8%) who drink three times a day were more than females (2.3%) (Figure 2). Using Chi-Square Test, there was significant association between alcohol use and gender ($P = 0.023$) (table 1).

Figure 2. Gender and frequency of alcohol use





Source: Field survey 2016.

4.5 Factors influencing alcohol use among the youth

Several factors were found to have influence on the level of alcohol use. These are as below

4.5.1 Family factors in alcohol use.

Out of the 219 participants interviewed, 147 (67.1%) parents used alcohol compared to, 72 (32.9%) who parents with no history of alcohol use (table 2). Using chi-square test for significance, there was an association between parents' alcohol use and drinking habits of their children (table 2).

4.5.2 Reasons for alcohol use

Reasons why respondents use alcohol in descending order were to overcome their problems 82 (38.0%), for pleasure 81 (37.5) and peer pressure 57 (26.4%) (Table 2).

Table 2: Factors influencing alcohol use among the youth



Characteristics	Frequency	Percentage (%)	P-value
Parents drinking status			
Yes	147	67.1	P≤0.000
No	72	32.9	
Reasons for alcohol consumption			
For pleasure	81	37.5	0.131
To forget problems	82	38.0	
Because my friends drink(peers)	57	26.4	
To gain confidence	34	15.7	
Events that encourages drinking			
Funerals	262	72.9	P≤0.000
Weddings	58	16.2	
None	39	10.9	
Availability of alcoholic beverages			
Pito	109	50.9	0.040
Spirits	45	21.0	
Beer	103	48.1	

Source: Field survey, 2016

4.6 Socio-cultural Events and alcohol use

The common socio-cultural events leading to increased alcohol use among respondents were funeral performance (73%) and weddings (16.0%), (Figure 3).



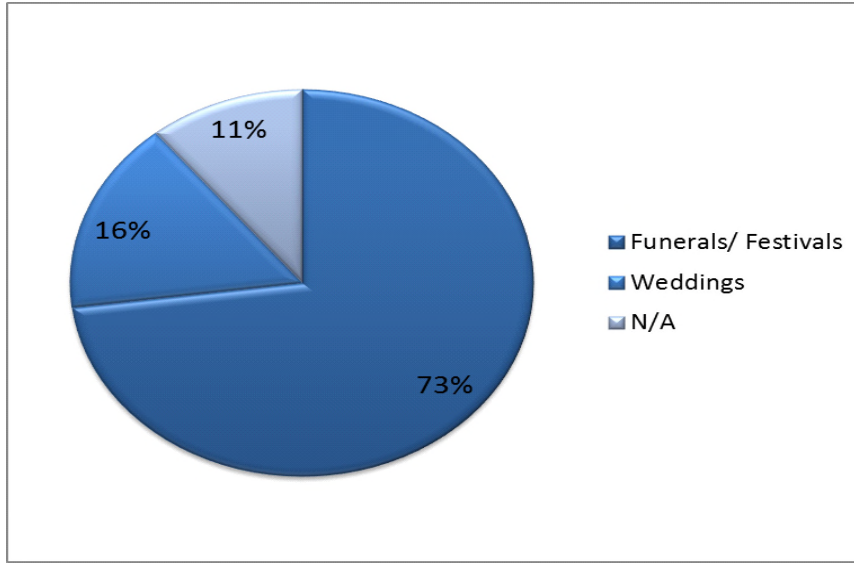
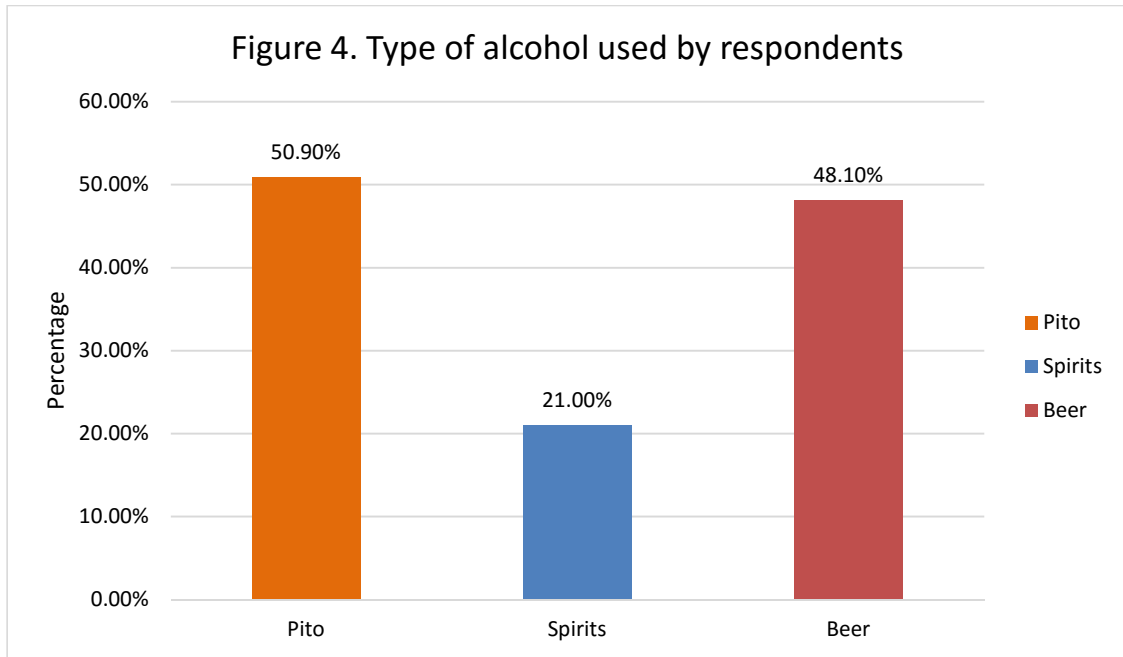


Figure 3: Socio –cultural events that promote alcohol drinking

4.7 Availability of alcoholic beverages

Alcohol use was dependent on its availability. It was noted that Pito was the most used type of alcoholic beverage, 109 (50.90%), followed by beer only, 103 (48.10%), Spirits only, 45 (21.0%) (Figure 4). There was a significant statistic association between the availability of alcoholic beverages and drinking habits ($p=0.040$), (Table 1).





Source: field survey, 2016



4.8. Qualitative Data-Focus group discussions

The focus group discussions explored factors that contributed to alcohol use by the youth, and participants' knowledge on alcohol use and abuse. The study also discussed participants' perceptions of the positive and negative aspects of alcohol consumption, including the behavioural risks and other alcohol-related issues emerging from the discussion groups. In all the group discussions, there was generally a high level of consensus across the different focus group discussions in relation to reasons why the youth use alcohol and the problems associated with alcohol abuse.

Four separate focus groups discussions of nine members each were held. The participants for this study were youth ageing between 16-35 years who uses alcohol. In total, 36 youth were recruited for this study. Responses of the 36 participants who were engaged in the focus group discussions regarding factors contributing to alcohol use by the youth are summarized in table 3 below:



Table 3. Summary of qualitative analysis of Characteristics related to alcohol use

discussed Issues	Summary	Number of participants
Age at risk of increased alcohol use	Varied views were given.	
Family factors that influence alcohol use among the youth.	Almost all participants agreed that parental actions contributed to alcohol use by the youth.	32
Reasons for alcohol use among the youth	Stress reduction, confidence and sexual performance were the reasons for alcohol use.	36
Socio-cultural events that promotes alcohol use among the youth.	Funerals, weddings and discos were mentioned as social events that promotes alcohol use.	36
Availability of alcoholic beverages	There were varied views on this. The type of alcoholic drink consumed depended on costs , alcoholic content and affordability	
Effects of alcohol use/abuse at a younger age	Domestic violent, strained family relationship, risky sexual behaviour, financial drain were some of the effects of alcohol use across all the four focus groups	36
Knowledge of participants on laws and cultural norms concerning alcohol consumption/use.	Very few participants mentioned that alcohol consumption was not permitted in females and youth below 18 years of age in certain communities.	4

Source: field survey, 2016



CHAPTER FIVE

5.0 DISCUSSION

5.1 Age of Respondents and Drinking Habit

In this current study, the respondents who mostly used alcohol were very young, mean age of 25.5 ± 5.9 years with as many as 71.2% being 26 years or younger. This finding is consistent with the study of Grant et al; 2004, who reported that people aged 29 years or younger had the highest rate of alcohol abuse and dependency. However, the age characteristics of the current study is slightly older than that of Miller et al., 2007, who reported that people who commonly abuse alcohol in the United States of America were aged 17 years or younger. Though this study showed that majority of the respondents were aged 26 years or younger, there was no significant association between age and alcohol consumption ($p=0.136$). This seems to suggest that alcohol use or dependency cut across all ages in life. However, from the focus group discussions on age at which the youth mostly start alcohol abuse, there were varied views regarding the age at onset of intake and the age group that is most vulnerable to abuse in the study communities. In all the discussions, it was observed that parental actions contributed to early alcohol use by the youth. Parental actions such as wilfully giving certain alcoholic beverages perceived to have low alcoholic content to children to drink was mentioned. It was also generally agreed that, self-determined alcohol use, without direct parental influence is likely to begin during adolescence. It came up in the discussions that during this period, they experiment many things including initiation of alcohol use. It was generally agreed that the boys tend to drink at a younger age than girls do. The discussion however failed to ask of the estimated age ranges boys and girls start alcohol abuse. As to why boys may



tend to drink at a younger age than girls do, the groups attributed this to the fact that in most families, parents impose lesser restrictions on the boys than the girls do. The boys on the other hand, have freedom to explore and try out many things including alcohol use.

5.2 Gender of Respondents and Frequency of Drinking

The great majority (81.5%) of the respondents in this study were males and there was a strong association between the male gender and alcohol consumption ($p=0.023$). This finding supports the GDHS (2008) report, which indicated that alcohol abuse, and or dependency was more prevalence in men compared to women. The current finding regarding gender and increased alcohol consumption is also in line with the National Surveys on Drug Use and Health (2004-2005) that reported that Males drink more alcohol than females, and are 5 times more likely than women to develop alcoholism are.

Again, this finding further supports studies in other developing countries (Peltzer et al., 2009). For instance, they reported alcohol-drinking prevalence of 77% and 47% for men and women in Thailand, 77% and 44% in Mexico, and that of Namibia as 61% and 47% respectively.

In terms of frequency of alcohol use, the study found that more men (45.2%) drunk alcohol as often as it was available to them compared to women (9.6%). Again, more men (6.8%) consumed alcohol three times per day compared to women (2.3%). These findings are in keeping with studies that found high indexes of alcohol use, and especially heavy drinking to be a common practice among males than females (Johnston et al, 2004; O'Malley et al, 2002). Gender norms dictate appropriate behaviour for men and women



in every society. There is varying social expectations for alcohol use among men and women. In most of our Northern societies/communities, it is generally agreeable for men to drink alcohol anywhere while women are shun upon. These drinking habits of men and women from the study could be influenced largely by existing gender norms in the studied communities.

5.3 Marital status of respondents and drinking

The study found that alcohol use to be common among respondents who were single and never married before, compared to married individuals (58.0% vis-à-vis 39.3%’ p=0.008). This finding is consistent with the study of Prescott et al 2001, who reported that drinking alcohol in women who abuse alcohol decreases as women transition from being single to marriage.

The finding of this current study is however contrary to the findings of Kinney (2000) who found that the proportion of drinkers was essentially the same between those who are married, either separated or divorced or never married. However, in terms of heavy drinking, Kinney (2000) found that the highest rate of heavy drinking episodes was among those who never married, closely followed by those who are divorced with significant decline found among those who are married.

The finding of this current study is also similar to a study by DeLeire and Kalil, 2002, who found that teenagers living in families where parents were unmarried were more likely to drink alcohol than for those living in married households. In a study in Europe by Anderson et, al, 2006, it was found that living with a single parent or stepparent was correlated with greater frequency of alcohol consumption, as well with heavier drinking.



5.4 Religious Affiliation of Respondents

Regarding the religious background of respondents who use alcohol, the study found the following in descending order; Christians (55.7%), Traditional believers (30.1%) and Muslims (11.0%). This finding support a studies in India (Gupta et al, 2003) and the United States of America (Werzberger; 2008) which found alcohol abuse to be higher among Christians compared to Muslims. For instance, Werzberger in his study stated that the abundance of alcohol in Christian rituals (use of wine at communions as "the blood of Christ) might have influenced the attitudes of Christians toward alcohol use, but in a negative way. However, the findings of the current study differs other previous studies that found the practice to be less common among the religions (Almodovar et al., 2006; Hodge et al., 2001; Miller, et al,2000). Ayers *et al*, (2009) rather found that religious messages provided public health intervention, pathways to improving drinking behaviours than predictor of alcohol consumption.

5.5 Educational Level of Respondents and Drinking Habits

Regarding respondents level of education and increased alcohol usage, the study found the following in descending order: JHS/Middle graduates, SHS/Technical and Tertiary respectively. There was a strong statistical association between respondent educational level and alcohol use ($p=0.001$). This finding supports studies in Europe and other parts of the globe that showed an association between heavy drinking or alcohol abuse and low education level of the individual(European Alcohol Policy Alliance, 2011; Copenhagen 2004). The finding of this current study further confirms the findings of Ford (2008), and Kinney (2000) who found that those with less education reported drinking more (heavy drinking) compared to those with higher education- college graduates.



In a similar study in India by World Health Organization (WHO, 2005) on socioeconomic makers in the prediction of alcohol consumption, it was discovered that drinking was relatively high among illiterate women compared to their literate counterparts.

It can be argued that high percentage of alcohol consumption (37.4%) among middle/JHS graduates could be attributed to limited knowledge on the adverse effects of alcohol. At this age and level of education, the youth are not well informed of the adverse effects of alcohol consumption and abuse, hence their involvement in alcohol consumption.

One would have expected high alcohol consumption among participants with primary education, which was the lowest besides those who did not have formal education. If participants at this level were still in school which the researcher failed to find out, it can be argued that at the primary school level, most of the youth are still under the control of their parents, hence very few are able to drink and abuse alcohol, hence the low percentage (10%).

In addition, existing norms in communities are opposed to alcohol consumption among this age group, particularly children. In almost all communities in the studied areas, it is indicated that children were not supposed to engage in alcohol use; hence, this could be the reason for this low percentage among primary school.

These findings of the study only suggest that education level may have some influence on those who would abuse alcohol, but it is not a definite indicator.



5.6 Factors influencing alcohol use

These factors as were found to influence alcohol use have been discussed as below;

5.6.1 Family factors in alcohol abuse.

Family Factors related to use of alcohol in the study included parental and environmental factors. Regarding family influence on alcohol usage, increased frequency of alcohol consumption was common among respondents who parents consumed alcohol (67.1%, p-value 0.00) .This confirm a study by White et al. 2000 who found that parental alcohol drinking patterns have a negative influence on the children over their lifetime. Young people model their own behaviour on their parents' patterns of consumption, situations and contexts of use, attitudes regarding use, and use expectancies. The structure and environment of the family unit, as well as parent-child relationship attributes (e.g., parenting style, attachment and bonding, nurturance, abuse or neglect, conflict, discipline, and monitoring), have been found to correlate with adolescent alcohol use (White et al 2000). The study further supports the findings of a study in USA by Antonji et al., (2010), who found alcohol abuse by an older sibling to have effect on the alcohol use by a younger sibling. Their findings showed that indeed alcohol use among younger siblings could be affected by the example of older siblings. The findings of this study are similar to that of Shuper et al., 2010, who found that Alcohol Dependence was three to four times higher in close relatives of people with alcohol Dependence as compared to relatives of non-alcohol dependence. They findings further indicated higher risk was associated with a greater number of affected relatives, closer genetic relationships, and the severity of the alcohol related problems in the affected relative. However, this current finding regarding family influence on their children alcohol habit differs from Schulenberg et al., study in 2002. In their study, it was found that during emerging



adulthood, parental monitoring decreases, and parents therefore have less influence on drinking patterns than do peers do.

Some studies have also found a significantly higher risk for Alcohol Dependence in genetic factors. One of such studies was the adoption studies by Steiner 1995, which revealed that alcohol dependence has genetic factors. However, he concluded his study by saying that genetic factors explain only a part of the risk for alcohol dependence, with a significant part of the risk coming from environmental or interpersonal factors that may include cultural attitudes toward drinking and drunkenness, the availability of alcohol (including price), expectations of the effects of alcohol on mood and behaviour, acquired personal experiences with alcohol, and stress.

The current study was however, limited to finding out whether drinking patterns and problems during the youthful age has genetic predisposition or not. This study was based primarily on factors contributing to drinking and abuse of alcohol. The study only tried to find out if parent's behaviour towards alcohol has an influence on their children drinking habits. This does not mean that if you had an alcoholic parent, or if both of your parents suffered from alcoholism, you are destined to become one as well.

On parental influences on youth alcohol abuse, the qualitative focus group discussions shed more light on this issue. In all the discussions, it was observed that parental actions contributed to early alcohol use by the youth. Discussants corroborated Parental actions such as wilfully giving certain alcoholic beverages perceived to have low alcoholic content to children to drink to have contributed to youth alcohol abuse. In some cases, these drinks are considered food. In such instances, as the children grow older, the parents incrementally adjust the quantities they give to the children. Other parents even



gave children hard liquors to drink. By the time they reach puberty, such children are able to drink huge quantities of alcohol. Majority of the discussants agreed that they drink alcohol because they grew up in homes where alcohol is brewed and sold.

“When I grew up, I used to participate in the brewing and selling of alcohol (pito) during vocations and as such learned drinking (participant at Zaare Community)”.

Most of the respondents also agreed that when one is born in a family where the parents use and abuse alcohol, the children were likely to copy this behaviour when they grow up.

“I grew up in a society where alcohol exists in abundance. There are many beer and pito bars in the communities. When I was growing up, I used to see people drinking in groups, where members of the group gather in one pito or beer bar on a rotational basis to drink and make merry. As children who witnessed such events and thought it was an acceptable form of leisure and so started emulating such behaviours when I got to senior High School”.

5.6.2 Availability of alcoholic beverages

From the study, it appears that the type of alcohol consumed in an area depends on its availability. Pito (50.9%) was the most consumed alcoholic beverage by respondents, followed by beer (48.10%) and spirits (21.0%) as the least. This finding however disagreed with the national consumption of alcohol according to the “Global status report on alcohol and health,” 2014, which found beer as the most consumed alcoholic beverage followed by wine, spirits and then other alcoholic beverages.



Statistic test of association between availability of alcoholic beverages and its consumption showed significant association ($p=0.040$).

The findings of the study confirms a study in Scandinavia by Mäkelä et al., 2002, cited in Jackson et al.,(2009), who found that potential environmental determinant of alcohol consumption among adolescents and youth is outlet density. They found that greater alcohol outlet density was associated with increases in alcohol consumption and alcohol-related morbidity and mortality in Scandinavian countries.

In a similar study in USA by Livingston, et al., 2007, it was discovered that increased outlet density was associated with increased alcohol consumption and crime such as violence, drunk-driving, pedestrian injury, and child maltreatment among the youth.

In the studied communities, pito was seen sold under trees and in some houses. During festivities such as funerals and festivals just to mention a few, many drinks including pito are sold at the grounds. In some instances, pito drinks are served free to those who attend. Again, there are no existing community norms that are opposed to alcohol consumption among the youth, particularly children during these festivities. All these factors could have contributed to the abuse of alcohol by the youth. The focus group discussions gave a comprehensive report on this.

The home environment in which the children are raised was named as having an influence on their alcohol use and abuse later in life.

The availability and accessibility of alcoholic drinks was seen as a factor also influencing young people's decisions to drink. In all the communities, both locally made and factory manufactured alcoholic beverages were available. These were easily accessed to the



youth. Even with as little as a one Ghana cedis, one was able to buy a drink. There are no sanctions against selling alcohol to minors and as such, no real difficulties for the youth to access alcohol, when they want to.

Most of the group members agreed that they drink alcohol because they grew up in homes where alcohol is brewed and sold. *When I grew up, I used to participate in the brewing and selling of alcohol (pito) during vocations and as such learned drinking.* Most of the respondents agreed that when one is born in a family where the parents use and abuse alcohol, were also likely to copy this behaviour when they grow up.

I grew up in a society where alcohol exists in abundance. There are many beer and pito bars in the communities. When I was growing up, I used to see people drinking in groups, where members of the group gather in one pito or beer bar on a rotational basis to drink and make merry. As children who witnessed such events and thought it was an acceptable form of leisure and so started emulating such behaviours when I got to senior High School.

The group discussions began with a general discussion on the types of drinks consumed by participants and their peers, and which of these were considered alcoholic and non-alcoholic. The study found that young people drink both locally produced and factory brewed alcoholic beverages.

The decision on the type of drink to be taken depends on varied factors including the cost of the drink and its perceived strength. Only those without enough money were reported to drink a locally brewed drink, commonly known as pito.



Although some non-alcoholic beverages were in some instances mentioned, the group discussions centred on alcoholic beverages. A range of alcoholic drinks, including those that are brewed locally and those brewed in factories, were identified in all groups.

Locally brewed alcoholic beverage mentioned included pito and palm wine for those who have travelled down south before. The pito is brewed from locally produced foods such as corn, millet and sorghum whilst the palm wine is tapped from the palm tree.

In all the group discussions, there was a common understanding of what alcoholic drink is. Alcoholic beverages were generally taken as those drinks that have an intoxicating effect on the individual. Drinks that were regarded as alcoholic drinks were those that had an effect on a person's thinking. There was recognition that alcohol impairs judgement and has the ability to influence an individual's decision-making processes.

One of the participants said:

“An alcoholic drink makes us drunk. It changes our brains. A person changes moods, begins to over talk, loses shyness and becomes so bold. You may not have been able to con girls but when you drink it becomes easy”

On the types of alcoholic beverages consumed and their strengths, participants recognized that different types of alcoholic beverages vary in strength. A participant said.

“The strength of an alcoholic beverage is reflected in its ability to quickly make you bush or drunk. On the other hand, non-alcoholic beverages do not make you drunk. They are widely consumed in households, by children and members of religious groups like the



Moslems and born again Christians, whose beliefs prohibit alcohol consumption. These include unfermented pito, palm wine, malt, apple drink, coke, Fanta etc.”

“However, when unfermented pito is left to ferment after a day or more, has intoxicating effect and is regarded as an alcoholic beverage”

“Distilled drinks such as whisky, dry gin, beremansoo, kasaprekoetc were perceived to be stronger than beer groups such as Guinness, star, club etc.”

On participant’s knowledge on alcohol use and alcohol abuse, there was generally a common understanding of alcohol use and abuse among all the group discussions.

On alcohol abuse, participants saw alcohol abuse to be associated with failure to control one’s behaviour after drinking alcohol. The short-term effects that were identified included socially-inappropriate behaviour such as loose talks including the use of foul language with disregard of the environment, urinating and defecating in one’s clothes, vomiting, undressing in public view, domestic violence, failure to meet one’s domestic and work obligations, failure to take care of one’s physical needs including the inability to eat food and inability to know when to stop drinking. Participants associated long-term effects of alcohol to loss of respect from the rest of the community who consider the abuser to be a disgrace, as well as health complications.

“One participant defined alcohol abuse as those who have no control over their use of alcohol and who display inappropriate behaviours such as wetting self with urine, fallen off, insulting people and inability to maintain gaiety”



“On the other hand, we say a person uses alcohol when he/she has time for his family because he will always be at home and not in the drinking joint. I support that kind of drinking because such a person goes to socialize with friends and come home early”

From the discussions, alcohol abuse was linked to drinking too much alcohol and the immediate and long-term effects of alcohol on an individual drinker and his environment. Although the discussion considered alcohol, abuse to be drinking too much, the study was limited in that it did not find out from participants what amount is considered too much. Generally, participants considered drinking behaviours that has a profound negative impact on the individual and the surrounding environment including friends and family.

“One participant explained that alcohol use is the ability to make responsible decisions about expenditure. Alcohol users only spend a small proportion of their income on alcohol and are able to meet the needs of their families. On the other hand, spending a lot of money on alcohol and being unable to meet the basic needs of the family was regarded as abuse”

“Alcohol use is when one who drinks but has some property to show out of his sweat. One who drinks but he is loved in the community, he has a sense of responsibility and limits expenditure on alcohol. One who drinks but has a vision, plans for example builds houses. One who leaves home with a budget of what is to be spent on alcohol”

“But with abuse, a person drinks all his money. A person like that cannot develop at all. All the money is committed to drinking and he has no valuable assets at all. He cannot



plan and budget. Even if he gets a lot of money, he will spend it on alcohol and his family is left to suffer”

The group discussions showed that there is common understanding of what constitutes alcohol use and abuse among all the groups. Alcohol use was simply the use of alcohol, without the manifestation of undesirable consequences, while abuse was associated with undesirable social, financial and health consequences, and engaging in other harmful behaviours such as fighting, domestic violence.

Other reasons mentioned during the focus group discussion included the following

5.6.3 Peer Pressure

Peer pressure has an important influence on young people’s attitudes and behaviour.

In a similar work by White and Jackson (2005), it was realized that alcohol initiation among the youth is recognized as a phase of alcohol experimentation and attributable to peer pressure. This research confirms the recognition in all the group discussions with the youth that confirmed alcohol use and abuse was largely a result of peer influence.

Findings from the groups’ discussion did indicate that if young people perceive that their friends approve of alcohol drinking, they would engage in the practice, to gain their acceptance, approval and recognition.

The need to be with friends and to fit in with friends was mentioned in all the group discussions as a major factor in alcohol use and abuse.



Peer pressure from friends made me to drink, all your friends are having a drink and you are the only one not taking part... that may be funny so you join in to drink with your friends (one respondent).

This indicates that if you move with friends who drink, you will eventually start drinking and the vice versa. *I used not to drink but now I drink because most of the friends I move with drink alcohol. If I do not drink, my mood will be different and I cannot contribute to the group discussions.*

5.6.4 Advertisement

In one of the groups discussion, they attributed their drinking to numerous adverts on the radio, television which are so enticing and encourages the youth to drink. These advertisements have a strong influence on youth drinking behaviour.

These advertisements are very attractive; they make you think that taking alcohol is a very good and important thing that should be admired by all people.

This finding from the focus group discussions support the findings of Snyder 2006, who found that advertising of alcoholic beverages, increases its consumption especially among the youth

However, in one of the group discussions there were varying views on advertisement and its influence on alcohol use. Others held the notion that advertisement plays insignificant role in alcohol use whilst others believed that advertisement play no role in drinking habits.



Of those who disagreed argued that if advertisement has influence, then villages that have no electricity to watch these adverts on television would not consuming alcoholic beverages at all.

5.6.5 Medicinal Value

There was a belief that alcohol can be used to cure certain ailments such as hernia, hydrocele, stomachaches, body and toothaches. This was traditional knowledge that seemed to be passed on from one generation to another through oral history. In the group discussions, it was agreed that alcohol is consumed with some herbal preparation to cure hernia, hydrocele and stomach acheds.

This perception from this current study supports the finding of a study by Arnett 2005 that expectancies predict alcohol drinking among both adolescence and young adulthood. The finding further confirms a similar study by Goldberg et al. 2002 that found, that the decision to drink alcohol among the youth was more influenced by the perceived benefits of drinking than by the perceived risks.

The study however did not investigate knowledge and perceptions on amounts and dosage needed to cure the mentioned ailments. It was also indicated that alcohol use could be used as a cure for chicken pox and measles during attack.

5.6.6 Prerequisite for Social Interaction and Sex

In one of the group discussions, it came up that the youth perceived alcohol use to have close relationship with sexual activity. The youth drinks with the intention of increasing their desire and energy for sex. Some drank to set the mood for sexual activity or because of the belief that alcohol can enhance the intensity of their sexual encounters. The youth also perceived that there are some drinks purposely produced to increase sexual activity.



Drinks such as 'beremasoo, alomo, waist and powers were perceived to promote long sexual activity.

When I had just married, a friend advised me that if I take little alcohol, I would perform better in bed than if I do not take. The discussion also showed that the youth take alcohol to master courage to approach girls they might not be able to do so when in their sober mood. Alcohol is integrated in social life and is a useful tool for facilitating interaction.

5.7 Respondent's other reasons for alcohol use

On the reasons for increase drinking and abuse of alcohol, it was found that, most respondents (38.0%) consume alcohol in order to forget problems or gain confidence. This was closely followed by those who drinks for pleasure (37.5%) and to satisfy peers (26.4). This confirms the findings of UYDEL (2008) that young people like taking alcohol and drugs to "kill boredom, "feel high, relieve stress, relax, and prove their maturity, for adventure's sake and to go through periods of cold weather. The finding is also in line with Donavan et al (2007) assertion that peer groups have an influence on youth alcohol consumption. However, statistic test of association showed no association between alcohol consumption and reasons given by respondents.

The finding of the current study is an indication that as the youth transit, they are faced with challenges in life such as employment, academic, relationship and therefore may result to drinking and abusing alcohol to overcome these challenges.

A good number of the participants (37.5%) consumed alcohol for pleasure. If there were recreational activities for these youth to be engaged in, it could have diverted their minds from drinking and abusing alcohol. From the study, one may say the youth involvement



in alcohol abuse could also be attributed to the absence of recreational activities in the communities.

From the focus groups discussions, stress reduction was identified as one of the reasons for alcohol abuse. It was observed from discussants that alcohol had a positive effect on people's moods and helped them to reduce stress.

“Alcohol helps to relief you from problems. Whenever I have problems, I take alcohol to help me forget”

When he was asked how long will alcohol help him forget, majority of the group members admitted though it is temporary, it helps you. It enabled people to have fun and loosen up. All the group discussions acknowledged that alcohol reduces stress on those who consumed it.

Alcohol was also associated with its ability to boost appetite. One of the participants said, *“Alcohol gives me good appetite to eat well. Anytime I want to eat, I go in for ‘alomo bitters’ and this helps me eat well. When I don’t take, I eat just small”*

“However, few members disagreed with this assertion claiming that, it makes you selective in food”

More so, in one of the group discussions, it came up strongly that the youth perceived alcohol use to have close relationship with sexual activity. The youth drinks with the intention of increasing their desire and energy for sex. Some drank to set the mood for sexual activity or because of the belief that alcohol can enhance the intensity of their sexual encounters. The youth also perceived that there were some drinks purposely



produced to increase sexual activity. Drinks such as ‘beremasoo, alomo, waist and powers were perceived to promote long sexual activity.

“When I had just married, a friend advised me that if I take little alcohol, I would perform better in bed than if I don’t take”

The discussion also showed that the youth take alcohol to master courage to approach girls they might not be able to do so when in their sober mood.

Alcohol abuse is believed to be integrated in social life and is a useful tool for facilitating interaction.

5.8 Socio-cultural Events and alcohol use

The study found that alcohol consumption was associated with social events such as celebration of funerals and wedding ceremonies. This finding supports a study conducted in Ghana by Tampah-Naah et al; (2015), which found culture and social events to be associated with alcohol consumption among women in Ghana. Statistical test showed association between social events and alcohol consumption (p-value=0.000).

From this finding, it can be deduced that the environment plays a key role in alcohol abuse. The influence of the environment on alcohol abuse is not only family and peers, but also culture and availability of alcoholic beverages. In Ghana, alcohol is used for many purposes such as during wedding, out-dooring, funerals, Christmas and traditional festivals. The use of alcohol is universally associated with these celebrations, and drinking in most of these celebrations is essential element of the festivity.



Even in societies with an ambivalent, morally charged relationship with alcohol, these celebrations are used as an excuse for drinking and the youth take advantage of such celebrations to drink and abuse alcohol. Also due to the availability of alcohol in such festivities, the youth and individuals are more likely to drink when alcohol is readily available to them. This includes being able to buy alcohol on their own or having others buy it for them with little fear of consequences, and having the opportunity to drink freely at such parties or other social events.

Lack of effective laws together with social, cultural and economic factors has created a fertile environment for alcohol abuse. These Environmental influences on alcohol use may be attributed to acceptance of alcohol use by society; availability, and lack of public policies regarding alcohol use and enforcement of those policies. One can therefore conclude that the environment in which people live and work heavily affects their attitudes and behaviour around drinking.

The focus groups also identified social events and celebrations such as weddings, discos and funerals as other factors that have contributed to alcohol use and abuse. Alcohol plays a central role in social celebrations. It features prominently at marriage ceremonies, funeral and disco parties. At such events all adults are either too engaged or having a good time with their peers. Subsequently, we the youth are not closely observed and use this opportunity to venture into drinking alcohol.

From the discussions, it appears that on such events the rules are a bit relaxed (or postponed) as the parents do not seem to keep their guard on children as they do on



ordinary days. Therefore, during such occasions, others drink to do away shyness and to actively participate in the ceremonies.

“If you are a shy person and you go for entertainment or any other social gatherings, you need to take alcohol to enjoy the Programme. So as for me I drink alcohol on such occasions in order to fully enjoy myself” (Participant said this).

In one of the groups discussion, they attributed their drinking to numerous adverts on the radio, television which are so enticing and encourages the youth to drink. These advertisements have a strong influence on youth drinking behaviour. These advertisements are very attractive; they make you think that taking alcohol is a very good and important thing that should be admired by all people.

However, in one of the group discussions there were varying views on advertisement and its influence on alcohol use. Others held the notion that advertisement plays insignificant role in alcohol use.

5.9 Effects of alcohol abuse

The focus group study also discussed participants’ perceptions of the positive and negative aspects of alcohol abuse, including the behavioural risks and other alcohol-related issues emerging from the discussion groups. The focus group discussions further explored traditional or cultural norms in their communities that restrict alcohol use and the age at which discussants started using alcohol. In all the group discussions, there was generally a high level of consensus across the different focus group discussions in relation to the effects of alcohol, and the legal/ cultural restrictions on alcohol use.



Study participants however, demonstrated some awareness of the long-term problems associated with excessive alcohol use, particularly in reference to health. From the focus group discussions, the effects of alcohol were categorized into the following:

5.9.1 Impact of alcohol use and abuse on physical and mental health

Respondents were fully aware that prolonged alcohol use - and particularly, excessive use – could have a detrimental impact on an individual's health and quality of life.

Participants were able to identify general health problems associated with excessive alcohol consumption.

The liver was identified in all the four focus group discussions as one part of the body that could be negatively affected by alcohol.

In two group discussions, Respondents attributed big abdomen to be effect of alcohol consumption. The effect of this big abdomen was associated with difficulty in walking and breathing at night. One of the group discussions mentioned the brain as one the organs negatively affected by alcohol abuse. They associated the effect of alcohol on the brain with memory loss, silky hair, mental illness, and inability to think well. Other diseases attributed to alcohol abuse included heart disease, red lips, nerve problems exhibited by uncontrollable trembling, loss of appetite and weight loss because of the loss of appetite.

5.9.2 Effects of Alcohol use and abuse on the family

Increased alcohol consumption and/ or alcohol abuse was associated with adverse effects at the family level, including domestic violence, strained family relations and perpetuation of alcohol abuse in the family.



Participants indicated that children whose parents drink alcohol were more likely to perceive this behaviour as normal. Eventually such children would also abuse alcohol when they grow up. Parents who abused alcohol were regarded as not being able to effectively discipline their children. Children of such parents grow in an environment where they do not receive counselling and guidance from their parents. This was likely to lead to disciplinary problems among the children. Parents who abused alcohol did not have the moral authority to stop their children from drinking.

“To me a family with drunkards usually also influences the young ones to drink a lot”

“They start at childhood drinking and such children begin at a very early age; and by the time they are seventeen, they are usually drunkards. The parents of such children do not have the wisdom to stop them from drinking” (participant).

Over consumption of alcohol was also regarded as a cause of marital conflict. Men who drank a lot of alcohol were reported as unable to sexually satisfy their wives and this could lead to marital deviance.

5.9.3 Risky Sexual Behaviour

Participants reported that alcohol abuse arouses sexual desire and many people will want to have sex after drinking alcohol. This desire has the potential to drive people to engage in casual sex, or sex with someone other than their regular partner.

The desire for sexual intercourse increases among men and women after drinking. Many at times alcoholics engage in unprotected sexual intercourse, which may lead to contraction of diseases and unwanted pregnancies. However, some participants did not



associate alcohol abuse and unprotected sex. They maintained that if a person uses condom in his non-alcohol state, the person will still use it even while drunk.

It depends on one's personality.

“If someone has been using condoms when not drunk, even when he takes alcohol he will remember to use a condom” (participant).

This belief that alcohol arouses sexual desire shows the need to educate the study population about the association and dangers of unprotected sex and excessive alcohol use.

5.9.4 Financial Impact

On the effect of alcohol abuse on the family finances, all the group discussions identified heavy financial expenditure on alcohol as an effect of alcohol use.

5.10 Age at alcohol use

There were varied perceptions with regard to the age at which young people in the study communities began to use alcohol.

In all the discussions, it was observed parental actions contributed to early alcohol use by the youth. Parental actions such as wilfully giving certain alcoholic beverages perceived to have low alcoholic content to children to drink was mentioned.

It was also generally agreed that, self-determined alcohol use, without direct parental influence is likely to begin during adolescence. It came up in the discussions that during this period, they experiment many things including initiation of alcohol use. It was generally agreed that the boys tend to drink at a younger age than the girls do. The



discussion however failed to ask of the estimated age ranges boys and girls start alcohol abuse. As to why boys may tend to drink at a younger age than girls do, the groups attributed this to the fact that in most families, parents impose lesser restrictions on the boys than the girls do. The boys on the other hand, have freedom to explore and try out many things including alcohol use.

5.11 Alcohol Accessibility Options for youth

From the group discussions held, the youth mainly obtained alcohol from two sources namely beer bars, and the local drink, pito from homes where it was brewed. The discussion indicated the youth did not have any difficulties in obtaining alcohol from these sources. Since there are no restrictions in selling drinks to the youth, Bar /pito owners freely sold alcohol to the youth.

Some youth live in homes where alcohol is brewed and is a major source of livelihood for the family. Persons who grow up in such homes usually participate in the business through serving the clients. The process of serving clients brings these persons into direct contact with alcohol and subsequently its use.

Among the adults, there were no restrictions on where alcohol can be purchased.

They were free to buy alcohol from wherever it was sold. Adults also accessed alcohol during social events and celebrations.

5.12 Knowledge of local laws and cultural restrictions

In this section of the discussion, the researcher tried to find out if there exist cultural and traditional norms that regulate alcohol drinking among the youth in their communities.



Broadly speaking, participants had limited knowledge about the laws on alcohol use. In all the four groups, they mentioned that people of certain age group are not permitted by society to drink. The groups indicated that there is no strict rule that forbids persons from drinking. Some of these age groups hide to drink whilst others drink to the full glare of the public. As to which age groups are not permitted to drink; the groups mentioned different age groups. There was no agreed age limit among the groups. The groups could not give a specific age that society prohibits drinking. Respondents had no knowledge at all of any alcohol-related local laws and restrictions in their communities. Respondents were only aware of the legal age for alcohol drinking on some of the labels on the bottle of some drinks.

This age limit on the bottles as well as in the communities was interpreted as a means to deter young people from drinking alcohol.



CHAPTER SIX

6.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study sought to identify some factors associated with alcohol use among the youth in Bolgatanga in the Upper East region of Ghana. A total of 255 respondents between the ages of 16 to 35 years participated in the study. The study employed a mixed method, which used both quantitative and qualitative approaches. The quantitative study was made of 219 participants whilst the qualitative was 36 participants.

6.1 SUMMARY.

Significant findings made from the results of the study are summarised as follows.

1. The study found that alcohol use was high among the ages of 26-30 (35.6%). However, there was no statistical test of significance between age and alcohol abuse (p-value, 0.136).
2. Sex was found to have influence on alcohol use among the youth. The study found that males used alcohol, 78.5% than their female counterparts, (21.5%), table 1. Again statistic test using chi square showed significant association between alcohol use and sex ($p < 0.05$) table 1.
3. Alcohol use was found to be associated with ones' marital status. Majority (58.0%) of the studied participants were single and never married before.
4. Religious affiliation was found to have influence on youth alcohol use and abuse. From the study, it was observed that majority (55.7%), table 1 of the youth who abused alcohol were Christians. This finding could be due to individual belief and attitude towards religion.



5. The study found that the lower ones' education, the more likely they are to abusing alcohol. The study indicated that majority (37.4%) of the youth who abuse alcohol were Junior High Graduates. Drinking pattern was found to decrease with level of education.
6. The study found that parental alcohol use has influence on their offspring expectations and behaviour towards alcohol use and abuse. Of the studied participants, majority (67.1%) of their parents used alcohol. From the focus group discussion, it also came out some Parents deliberately gave alcohol to their children setting children's expectations concerning drinking and subsequently influenced their behaviours.
7. The study found that availability of alcoholic beverage has a decisive influence on alcohol use and abuse. The study found locally brewed pito (50.9%), and factory brewed beer (48.1%) to be the commonest alcoholic beverages used by the youth.
8. Social events such as funerals served as fertile grounds for alcohol abuse. The study found that most (72.9%) of the youth abuse alcohol during funeral performances.
9. The focus group discussions mentioned that alcohol was seen as a major element for social events such as during wedding, out-dooring, funerals, Christmas and traditional festivals. The use of alcohol was universally associated with these celebrations, and drinking in most of these celebrations was essential element of the festivity. During such festivities, drinks are served free of charge; hence, some youth used these celebrations as an excuse for drinking and abusing alcohol.



10. Beliefs and perceptions of the benefits of alcohol has influence on its use and abuse. The study discovered that slight majority (38.0%) abuse alcohol with the belief of overcoming challenges they are confronted with in life. However, this number is only slightly higher than those are whose abuse alcohol as a means of having pleasure/fun with friends (37.5%).
11. From the focus groups discussions, challenges in life such as stress reduction and peer influence were also identified as one of the reasons for alcohol abuse. Alcohol also serve as appetite booster and enhances sexual performance.
12. The focus group discussions observed that there are no social norms to regulate alcohol use and abuse by the youth. The youth drink openly without any sanction meted out to them. This could be seen by the youth as an indication of permissiveness among the community in relation to youth alcohol use.
13. The focus group discussions also uncovered other interesting unconventional reasons for alcohol use such as its ability to boost appetite, confidence and enhanced sexual performances. This drinking behaviour of youth in the communities poses potential risks for them in relation to their sexual behaviour, as well as health.
14. Finally, the study observed that there were no services in the communities to support individuals who are alcoholics.



6.2 CONCLUSION

Based on the study carried out, the following conclusions were arrived at:

Advertisement on alcohol as sense of well-being as portrayed by the media is associated with youth alcohol abuse. These alcoholic beverages have been portrayed to the public as being capable of curing all manner of diseases, hence luring even disinterested youth to join the bandwagon of excessive alcoholism

Social acceptance of the use of alcohol during social events contribute to youth alcohol consumption.

Parental actions are instrumental in shaping early attitude and behaviours with regard to youth alcohol abuse.

Persons coming from families who abuse alcohol are more at risk of becoming an alcoholic.

Peer relations provide a context in which alcohol use is either supported or discouraged

Enough leisure time and boredom was found to be associated with youth alcohol abuse.

Lack of regulations regarding the sale and use of alcoholic beverages in the studied communities has contributed to alcohol abuse by the youth. Locally brewed pito and beer were sold at all places without restrictions. The youth took advantage of this to abuse alcohol.

Some socio demo graphic characteristics were also found to be associated with alcohol abuse. Statistic test of significance using chi-square found some socio demographic



characteristics such as level of education, marital status and religion to be associated with alcohol abuse.

6.3 RECOMMENDATIONS

1. Ghana Health Service/ Christian Health Services (GHS/CHAG/) and religious bodies in the Upper East Region, Bolgatanga needs to intensify public education campaigns on the effects of alcohol consumption. One approach to remedying this deficiency is for the health authorities to collaborate with religious leaders and other agencies such as NGOs to intensify their education campaigns on the effects of alcohol abuse. During durbars, campaign against alcoholism should form part of the agendas.
2. There is the need for Food and Drugs Authority (FDA) to ban or regulate advertisement of alcoholic drinks in the media especially in the Upper East Region, Bolgatanga. A number of studies show that high taxation – and hence a high price for alcoholic beverages – has a decisive influence on amounts consumed. Where alcohol can only be obtained in a few places, its availability is limited and less is therefore abuse.
3. Traditional Authorities and the Government or his representatives in the region should enact bi- laws to control the sale and use of alcoholic beverages by the youth.
4. There is the need for the district Assemblies, churches, mosques to facilitate the formation of youth clubs to engage the youth in developmental or other income generating activities.



5. Ghana Health Service /Christian Health services should form youth friendly centres to educate the youth on dangers of alcohol abuse and sexually transmitted Infections.
6. Municipal health authorities and the district assemblies to offer free counselling services to those who are already alcoholics and non-alcoholics could establish youth counselling centres.
7. Municipal and District Assemblies in the Upper East region should create some form of employment through youth training schemes and leisure centres to deal with boredom and youth unemployment. The government should come out with policies and programmes to support the youth to manage poverty
8. Parents should avoid wilfully giving or sending children to buy alcoholic drinks for them. Parents should also initiate teachings at home on dangers associated with alcohol abuse.



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APPENDICES

Appendix A-Questionnaire for the study

RESEARCH ON FACTORS CONTRIBUTING TO ALCOHOL USE AMONG THE YOUTH AGED 16-35 YEARS.

Interview guide to determine factors contributing to alcohol use among the youth in Bolgatanga Municipality in the Upper East Region.

My name is Prince Imoro Awimba, MPhil Community Health and Development Student from University For Development Studies, Tamale Campus, in the Northern Region. I am conducting a research on “Factors Contributing to Alcohol use among the Youth aged 16-35 years in this community” this requires your kind cooperation, and collections of data from you to enable me come out with accurate report. I assure you that information from you shall be treated as strictly confidential and only for the purpose of academic study. Name and personal identification is not required. **DO NOT** write your name or any other information on this questionnaire as I wish to retain your anonymity.

It is voluntary to take part. If there is any question you find objectionable for any reason, just leave it blank. It is important that you answer as thoughtfully and frankly as possible.

Please, mark the appropriate answer to each question by **ticking (√) or**



<p>indicating (T) for True and (F) for False question. You may please also write on the spaces provided (.....)</p> <p>Thank you in advance for your participation.</p>
<p>Section “A”</p> <p>Please tick (√) or write where applicable.</p> <p>Community</p> <p>Date.....</p>
<p>Demographical data of the Respondents</p> <p>(1) Age (in years)</p> <p>(a) 16 – 20 []</p> <p>(b) 21 – 25 []</p> <p>(c) 26 – 30 []</p> <p>(d) 31-35 []</p>
<p>(2) Sex</p> <p>(a) Male []</p> <p>(b) Single []</p>
<p>(3) Marital status</p>



(a) Married	[]
(b) Single	[]
(c) Divorce	[]
(d) Widow	[]
(4) Religion	
(a) Muslim	[]
(b) Christian	[]
(c) Traditionalist	[]
(d) Other	
(specify).....	
(5) Occupation	
(a) Farming	[]
(b) Trading	[]
(c) Civil servant	[]
(d) Student	[]
(e) Other	
(specify).....	



(6) Education level	
(a) Primary school	[]
(b) JHS/Middle school	[]
(c) SHS/Technical	[]
(d) Tertiary	[]
(e) Other	
(specify).....	
Section "B"	
Knowledge of the youth on what alcohol is	
If you do not know the answer to the question, DO NOT GUESS . Write a "0" in the box.	
(7) What is alcohol?	
(a) Food	[]
(b) Drug/Stimulant	[]
(c) Water	[]
(d) Other	
(specify).....	
(8) Alcohol was used for centuries as medicine for treatment eg stomach	



aches.	
(a) True	[]
(b) False	[]
9) A person cannot become an alcoholic by just drinking beer	
(a) True	[]
(b) False	[]
10) Moderate consumption of alcohol is not generally harmful to the body	
(a) True	[]
(b) False	[]
(11) What type of alcohol do you drink?	
(a) Pito	[]
(b) Spirit (Brandy, Dry gin, Alomo)	[]
(c) Guinness (Beer)	[]
(d) Other (specify	
Section "C"	
Frequency, predisposing factors of alcoholism and types of alcoholic	



<p>beverages consumed</p> <p>(12) How often do you drink?</p> <p>(a) Thrice a day []</p> <p>(b) Twice a day []</p> <p>(c) Once a day []</p> <p>(d) As often as I get []</p> <p>(e) Other</p> <p>(specify).....</p>
<p>(13). Let's take beer first. How often, on the average, do you usually have a beer?</p> <p>every day</p> <p>at least once a week but not every day</p> <p>at least once a month but less than once a week</p> <p>more than once a year but less than once a month</p> <p>once a year or less</p>
<p>(14). When you drink beer, how much, on the average, do you usually drink at any one time?</p> <p>more than six bottles</p> <p>5 bottles a day</p>



3 or 4 bottles
1 or 2 bottles
less than 1 bottle
(15). Now let's look at table wine. How often do you usually have wine?
every day
at least once a week but not every day
at least once a month but less than once a week
more than once a year but less than once a month
once a year or less
(16). When you drink wine, how much, on the average, do you usually drink at a sitting?
over 6 wine glasses
5 or 6 wine glasses
3 or 4 wine glasses
1 or 2 wine glasses
less than 1 glass of wine
(17). Next I would like to ask you about liquors and spirits (whiskey,gin, vodka, mixed drinks, etc.). How often do you usually have a drink of liquor?
every day



at least once a week but not every day
at least once a month but less than once a week
more than once a year but less than once a month
once a year or less

(18). When you drink **liquor**, how many drinks, on the average, do you usually drink at any one time?
over 6 drinks
5 or 6 drinks
3 or 4 drinks
1 or 2 drinks
less than 1 drink

(19) What kind of alcoholic beverages are commonly used in this community?

(a) Pito []
(b) Spirits []
(c) Beer []
(d) Other (specify).....

(20) Why do you take alcohol?





(a) For pleasure	[]
(b) To forget problems	[]
(c) Because my friends drink	[]
(d) To gain confidence	[]
(e) Other (specify).....	
(21) How did you start drinking?	
(a) Through peer/friends	[]
(b) Through my parent	[]
(c) Through occasions	[]
(d) Other (specify).....	
(22) Are there cultural value, norms and activities that promote drinking among the youth?	
(a) NO	[]
(b) Yes	[]
(23) If yes, what are some of such activities that promote drinking?	

(a) Funeral	[]
(b) Wedding	[]
(c) Festival	[]
(d) Other (specify).....	

(24) What drinks do people use during such Occasions

(a) Beer	[]
(b) Spirit	[]
(c) Pito	[]
(d) Other (specify).....	

(25) Do your parent take alcohol?

(a) Yes	[]
(b) No	

Section “D”

Effects of alcohol abuse

(26) Have you ever had education on the effects of alcohol?

(a) Yes	[]
---------	-----





(b) No	[]
(27) If yes to question 18, what was your source of information?	
(a) Media	[]
(b) Health Institutions	[]
(c) Health talk	[]
(d) Other (specify).....	
(28) What are some of the effect of alcohol use?	
(a) Loss of job	[]
(b) Health problem	
© Low productivity at work	[]
(c) Divorce	[]
(d) Accidents	[]
(e) Other (specify).....	
(29). Approximately 10% of fatal highway accidents are alcohol related	
a) True	
(b) False	
THANK YOU FOR YOUR TIME AND PARTICIPATION.	



Appendix B.

Focus group discussion guide

FOGUS GROUP DISCUSSION GUIDE

My name is Prince Imoro Awimba, MPhil Community Health and Development Student from University for Development Studies, Tamale Campus, in the Northern Region. I am conducting a research on “Factors Contributing to Alcohol use among the Youth aged 16-35 years in this community” this requires your kind cooperation, and collections of data from you to enable me come out with accurate report. The purpose of this Focus Group Discussion is strictly confidential and only for the purpose of academic study. Name and personal identification is not required.

Knowledge and attitudes in relation to alcohol use and abuse

Probe on participants views on what alcohol is and their understanding of alcohol use and abuse.

Distinguishing between alcohol use and abuse

What are the Effects of alcohol use?

Discusses participants’ perceptions of the positive and negative aspects of alcohol, including the behavioural risks and other alcohol-related issues emerging from the discussion groups (Risky Sexual Behaviour, Unprotected Sex)

Practices and Key drivers of alcohol use

Explore reasons why Young People Drink Alcohol, financial, peer pressure etc.

Also explore other social reasons for Alcohol Drinking among young people, festivals, funerals, disco jams



Types of Alcohol Young People Drink

Probe on types of alcohol used by the youth, pito, beer, spirits

Age at first alcohol use

Alcohol accessibility options for youth in the communities

Places the youth drink from

Social Norms and Alcohol Use

Explore the existing norms that regulate alcohol use in the communities.

Is there Cultural and traditional norms that regulate alcohol drinking among young people?

Knowledge of laws and cultural restrictions

Explore participant's knowledge of legislation or local laws on alcohol use.

Explore participant's knowledge on Legal age of drinking in their communities

THANK YOU FOR YOUR PARTICIPATION.

