ALCOHOL USE AND ITS IMPACT AMONG UNIVERSITY STUDENTS IN UGANDA
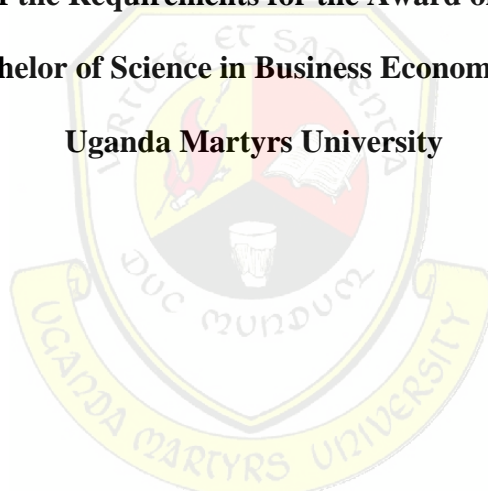
Case study: Your Hostel, Uganda Martyrs University, Nkozi

An Undergraduate Dissertation Submitted to the Faculty of Science in Partial

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DEDICATION

This research dissertation is dedicated primarily to God the almighty maker of heaven and earth for all he has enabled me to be, my lovely parents Mr. and Mrs. Lubowa who have endeavored to see me reach these heights from the day I was born and now, my siblings who have inspired me to be successful in life and all my friends, my course mates and faculty mates at the Faculty of Science, Uganda Martyrs University, Nkozi. Last but not least, to the staff of Uganda Martyrs University and most especially the lecturers at the faculty of Science. May God protect and bless you all abundantly.

ABBREVIATIONS AND ACRONYMS

WHO   World Health Organisation

SAMHSA   Substance Abuse and Mental Health Services Administration

EU   European Union

UYDEL   Uganda Youth Development Link

MUBS   Makerere Business School

UMU   Uganda Martyrs University

CLAN   A College Lifestyle and Attitudinal National

US   United States

IEC   Information, Education and Communication

UCC   University College of Cork

GENACIS   Gender, Alcohol and Culture International Study

BACE   Beliefs about Alcohol and the College Experience

URA   Uganda Revenue Authority

NGO   Non Governmental Organization

SLAN   Survey of Lifestyle, Attitudes and Nutrition

CDC   Center for Disease Control

ABSTRACT

Alcohol is a common and avoidable cause of morbidities and mortalities among students and the general population globally. The use of alcohol is on the increase, both in quantity and prevalence, in developing countries including Uganda. Thus it is very important to explore the use extensively among students, especially in universities. We investigated the use of alcohol among students from different faculties in UMU, Nkozi living in Your Hostel. This was a cross-sectional study in which 123 students were randomly selected to participate. The instruments were made up of a socio-demographic questionnaire for student alcohol use surveys. Data was analysed using SPSS-17. There was significant correlation for number of drinks with alcohol compared to how often one had found that they were not able to stop drinking once they had started , failed to do what was expected of them and remembered what happened the night before they were drinking and a significant correlation for friends often speaking about drinking with other variables such as friends tended to drink a lot ,friends often made others stay out drinking and lastly one having felt pressurized to go out and drink by friends. While students are aware of the harmful effects of alcohol, they have difficulties stopping its' use. The rates of lifetime and current alcohol use among university students are high. Appropriate measures and interventions have to be instituted to address these issues.

Key words: Alcohol use and impact, university students, Uganda.

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CHAPTER ONE

INTRODUCTION

1.1 Introduction to the study

This report shows a wide spectrum of approaches used in understanding the use and impact of alcohol among university students in Uganda. This report could help shape the efforts of communities to reduce the negative consequences of alcohol use, assist health practitioners in advising consumers, and help individuals make informed decisions about drinking.

Alcohol consumption has consequences for the health and well-being of those who drink and, by extension, the lives of those around them. Alcohol use and abuse also contribute to injuries, automobile collisions, and violence.

Alcohol can markedly affect worker productivity and absenteeism, family interactions, and school performance, and it can kill, directly or indirectly. Countries have expended considerable effort throughout this century to develop and refine effective strategies to limit the negative impact of alcohol (Bruun, 1975) and (Edwards, 1994).

In Uganda, alcohol is a central part of social and cultural events such as death, birth, marriage and circumcision ceremonies. Recent developments indicate an increasing trend in alcohol consumption. WHO ranked Uganda the leading consumer of alcohol in the world. Per Capita alcohol consumption in Uganda was 19.5 litres, closely followed by Luxembourg at 17.54 litres and the Czech Republic at 16.21 litres (WHO, 2005). Alcohol ranks high (6th position) in generating domestic revenue in Uganda. About 10% of revenue comes from alcohol and this has been reportedly to be steadily increasing since it is rooted in a very strong culture of alcohol acceptance. The lack of a clear national alcohol policy coupled with weak and poorly enforced laws provides fertile ground for increasing the availability and accessibility of alcohol in Uganda.

This chapter presents a background of the study topic, statement of the problem, main objective of the study, specific objectives, research questions, scope of the study, significance of the study, justifications of the study, definition of key terms and the conceptual framework.

1.2 Background to the study

Excessive alcohol consumption among young people, especially university/college students, is one of the most important public health concerns in many countries around the world, including the United Kingdom and the Netherlands as well as the US (Fager & Melnyk, 2004; Bewick et al., 2008; Hendriks, de Bruijn, & van den Putte, 2012).

This is because many young people first consume alcohol after entering university/college, and even if a higher percentage of university/college students just started drinking before becoming a university/college student, most of them experience *binge* and heavy drinking during university/college (Meding, 2012).

University/college students also have a higher prevalence of heavy drinking than young people in the same age group in the US who do not attend university/college (Wechsler, Dowdall, Davenport, & Castillo, 1995; Carter, Brandon,& Goldman, 2010). Therefore, alcohol consumption of university/college students is the highest among populations, and they are very susceptible to excessive alcohol consumption.

In Africa ,alcohol is the most widely distributed and commonly used substance, even the most rural areas in Africa have reliable production and distribution systems according to Adomakoh (1976) and Acuda (1985). Levels of alcohol use differ greatly between countries in Africa as noted by Clausen et al (2009), and these differences are attributable to differences in ethnic diversity, religion, level of welfare and industrialization, availability of alcohol, acceptability of alcohol in society, and political and economic stability (Odejide, 2006).

One of the most striking changes in alcohol use in Africa from pre-colonial to contemporary times is the introduction of large-scale commercial production and marketing. (Willis, 2002) homebrew or alcohol produced by small-scale illicit distillers remains one of the most commonly used types of alcohol. This is consistent with the observation that much of the alcohol used in developing countries where alcohol use is low is served by homemade or illegally produced alcohol in part because it is cheaper, in contrast to developed countries where alcohol use is higher and most of it is recorded legally produced alcohol.

The exact amount of homebrew consumed is difficult to estimate, and even attempts at documenting "unrecorded" consumption are of limited use in determining homebrew consumption per se because it includes measures of untaxed or unregistered alcohol which can include commercially produced alcohol smuggled into the region. Still, it is estimated that unrecorded consumption accounts for at least 50% of all alcohol consumption in Africa, which in this context could reasonably be assumed to consist predominantly of homebrew Rehm, Kanteres & Lachenmeier (2010).

The WHO Global Status Report on Alcohol (2004) showed that in Uganda, 19.47 liters of pure alcohol are consumed per capita each year. This is nearly 4 times higher than the worldwide average and 5 times higher than the Africa region average, making Uganda ranked number 1 from 189 WHO member states in level of alcohol consumption. 19.47 liters of pure alcohol is about 1.62 liters of pure alcohol consumed each month. If one standard drink equals 15.2 ml of pure alcohol (12g of pure alcohol equals15.2 ml in volume, which is defined as a standard drink in the study from which this WHO data comes from), this would average to approximately 107 drinks /month consumed per capita in Uganda.

(UYDEL, 2008) Established that the availability and consumption of alcohol among university/college and university students is high on the campuses, in the hostels and the neighbourhoods. Some of the major academic institutions such as Makerere University, Kyambogo University, Makerere Business School (MUBS) and Mukono University are surrounded by an array of bars that provide an environment conducive for students to take alcohol at their convenience.

For instance, Makerere University is bordered by Wandegeya, a suburb that has over 500 bars. Other slums bordering the university such as Kivulu, Katanga, Kikoni, Bwaise and Kalerwe have several bars that serve both local and conventional brands of alcohol. In the higher institutions of learning alcohol is consumed by both students and teaching staff. It is common practice for students and lecturers to take alcohol in the same bars.

Massive alcohol drinking also takes place during cultural solidarity weeks and bazaars which are usually sponsored by breweries particularly Uganda Breweries and Nile Breweries that selling discounted beers in their advertising campaigns. These promotions are often organised in the

first semester in order to target the new university students. Alcohol promotions move from university to university in a rotational manner (UYDEL, 2008).

It is against this background, that the researcher found it important to carry out the study to engage different stakeholders to understanding the use and impact of alcohol consumption among university students in Uganda.

1.3 problem statement

Psychoactive substances are chemical substances that, when taken, have the ability to change an individual's consciousness, mood or thinking processes (WHO, 2004). Alcohol is among the commonest psychoactive substances used (Ihezue, 1988; Adelekan et al., 1993; Akindutire & Adeboyega, 2012; Daramola, 2004; Yakasai, 2010; Yusuf, 2010). It is socially accepted and serves as 'gateway' to the use of other substances. As such young people begin experimenting with alcohol and cigarette (Adelekan et al., 1993).

University students are vital to every nation and their well- being and health are essential to national development. Alcohol use, especially when excessive and uncontrollable, is a major threat to students' academic performance and their future. Since this can be prevented or it's negative effects limited, it is thus important to study the extent of these problems among students in universities and other tertiary institutions .Hence it is important to study alcohol use among university students in Uganda.

This report therefore sought to provide information on alcohol use and impact among university students in Uganda using a case study of Your Hostel, Uganda Martyrs University, Nkozi.

1.4 Objectives of the study

1.4.1 General objective

The general objective of the study was to find out alcohol use and its impact among university students in Uganda using Your Hostel, Uganda Martyrs University, Nkozi as the case study.

1.4.2 Specific objectives

Specific objectives are to determine the factors associated with use of alcohol among the study population.

1. To find out the prevalence of alcohol use among 3rd year students of Uganda Martyrs University, significant/high.
2. To find the difference in rates of alcohol use between students.
3. To find whether the students who use alcohol are aware of its impact and harmful effects of alcohol.

1.5 Research questions

In conducting this study we aimed at answering the following major research questions;

1. What is the prevalence of alcohol use among 3rd year students of Uganda Martyrs University?
2. What's the difference in rates of alcohol use between students?
3. What is the impact of alcohol use amongst students of Uganda Martyrs University?

1.6 Justification of the study

Alcohol use has a direct impact both positive and negative on economic, social and cultural dimensions of the community. Excessive drinking for instance affects school performance, worker productivity and absenteeism, family interactions, health and it can kill, directly or indirectly. Carrying out this research study is thus justified, as it seeks to address alcohol use and impact among university students in Uganda.

Alcohol and other drugs like cigarettes have been named as some of the major contributors of revenue for the Ugandan economy, National Budget (2004/05) and coming up with a policy to abolish alcohol may affect the economy, so this clearly shows the need to come up with more information about alcohol use so that current and future policy makers can identify these effects and come up with policies about the problem.

1.7 significance of the study

It is hoped that the study will enable policy makers from government to appreciate the problem and come up with appropriate remedies to address the use of alcohol in Uganda.

This study will also add value to the existing body of knowledge for students, academicians and researchers who appreciate alcohol use and impact in institutions in Uganda and enhance their understanding of its consequences to society.

It will also be an eye opener to the fact that huge impact of alcohol use exists in Uganda and is something that needs to be dealt with owing to its many negative aspects to the victims as well as to the organizations.

The study will examine the level of alcohol consumption in Uganda Martyrs University therefore where it exists in society, takes many forms and it is important to ascertain how it manifests itself.

1.8 Scope of the study

1.8.1 Geographical scope

Geographically, the study was confined to Uganda Martyrs University's main campus which is located at Nkozi one of the urban centres in Mpigi district , which is 82 kilometers west of Kampala, Uganda's capital city, on the Kampala-Masaka road.

1.8.2Time scope

The research study covered a period of 3 months from the date of inception.

1.8.3 Content scope

The study focused on the alcohol use and impact among university students in Uganda with a case study of Your Hostel, Uganda Martyrs University, Nkozi. The independent variable was Alcohol use like public consumption, private consumption, Peer group consumption and addiction consumption. The dependent variable was the impact of alcohol use broken down into

social harm, financial impact, physical health problems and other. Alcohol use is an independent component.

Figure 1: Conceptual Framework

A conceptual framework for alcohol use and impact among university students

Independent variables		DEPENDENT Variables
Alcohol use;		Impact of alcohol abuse;
• Public consumption		• Social harm
• Private consumption		• financial impact
• Peer group consumption		• physical health problems
• Addiction consumption		• Other

EXTRANEOUS VARIABLES

- Model policies
- Legislations
- Education and sensitization
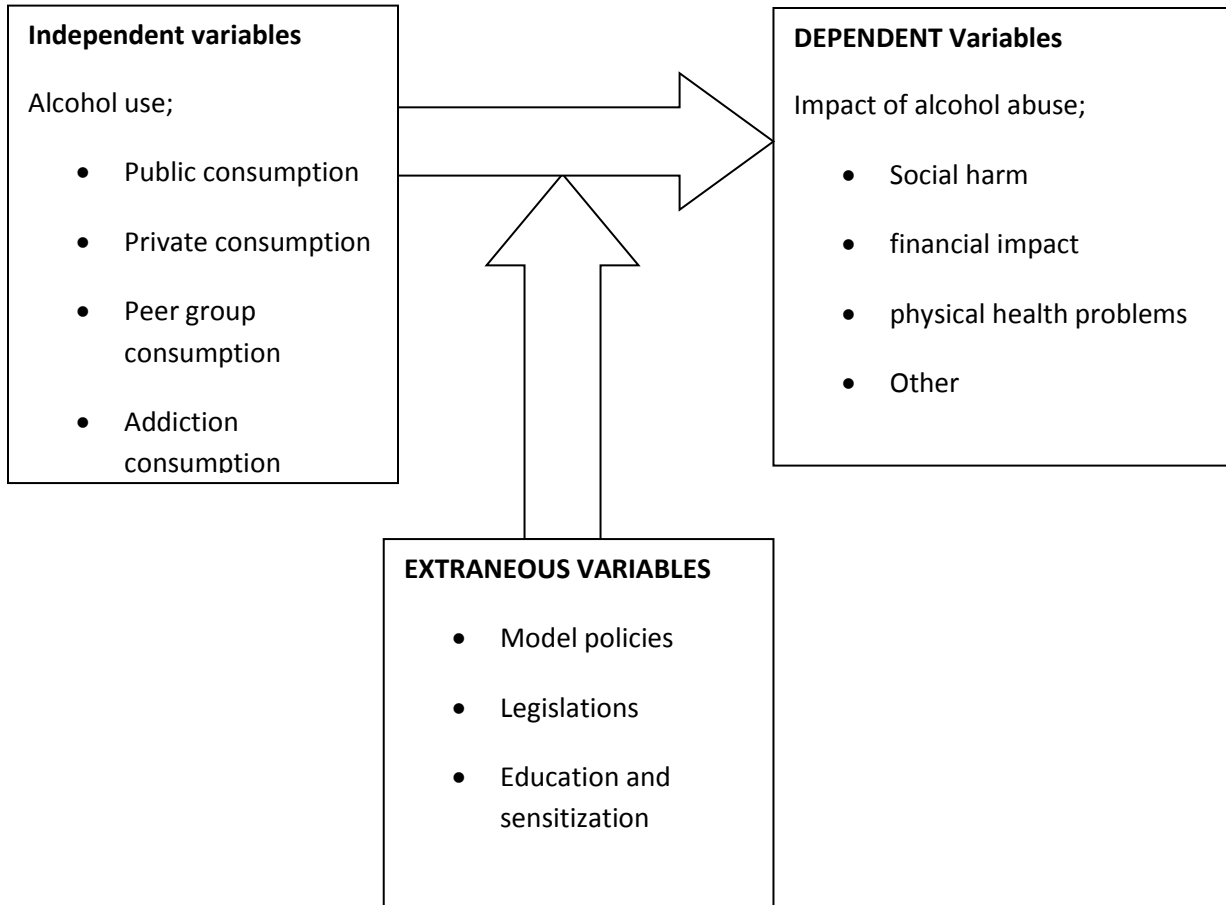
A conceptual framework is a structure of what was reviewed to best explain the natural progression of a phenomenon that is being studied. The conceptual framework above has these variables. Alcohol use is an independent component. The dependent factor was the impact of alcohol use broken down into social harm, financial impact, physical health problems and other related scenarios. The existence of extraneous variables like, model policies, legislations and education and sensitization have an impact on alcohol use among university students in UMU, Nkozi.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains review literature related to the study. The review was guided by the objectives of the study guided by the research topic, which was alcohol use and its impact among university students in Uganda, case study of Uganda martyrs University.

2.2 Alcohol use in university/college students

Alcohol use in university/college students is perhaps the most serious and challenging public health problem confronting universities today (Shulman, 1995; Walters, 2000). The elevated rates of alcohol consumption and alcohol abuse (Margolis, 1992) have raised concern with university/college students' excessive drinking patterns and the serious consequences associated with alcohol use (Globetti et al., 1988; Hanson & Engs, 1992; Hischorn, 1987; Quindlen, 1994).

Estimates show that somewhere between 80-90% of university/college students consume alcohol at least once a year, making it the most common substance used by students (Johnston et al., 2001). Research has shown about 30% of university/college students meet criteria for alcohol abuse, and 6% met the DSM-IV criteria for alcohol dependence (Knight et al., 2002). Based on consumption patterns and indicators of alcohol abuse, researchers estimate that 10% to 20% of university/college students who drink are in a pre-alcoholic stage and will experience continued alcohol problems once they leave the university/college environment (Borges & Hansen, 1993; Donovan & Jessor, 1983).

The main forces driving the need for binge drinking are the influence of friends and submission to peer pressure, the lack of outside control over the student (lack of parental supervision), and denial that drinking leads to severe consequences and drinking related problems (Wechsler & Issac, 1992). Many students partake in binge drinking to be socially accepted in a group. Other students find it difficult to make the choice to be the sober outsider. The desire to be social enhances the willingness to binge drink. Unfortunately, the vast majority of students are unaware that their need to fit in with friends and inability to make individual decisions leads to

dangerous drinking habits (Wechsler, Davenport, Dowall, Moeykens, & Castillo, 1994; Wechsler & Issac, 1992).

Not surprisingly, these consumption patterns contribute to a number of serious personal, relational, academic, and legal problems for university/college students (Globetti et al., 1988; Leonard & Senchak, 1993; Rapaport, Cooper, & Leemaster, 1984; Rapaport & Look, 1987; Seay & Beck, 1984). Drinking amongst university/college students results in high risk for dangerous behaviors.

Alcohol on university campuses is easily accessible. Canteens located in the halls of residences provide both bottled alcohol and spirits in sachets. Hostel canteens also sell alcohol all the time. Because of the easily availability and accessibility of alcohol in canteens, students start drinking alcohol as early as 10:00 am. Student guild canteens also occasionally provide discounted beer during cultural and entertainment festivals.

It is reported that canteens in halls of residences make more money from selling alcohol than any other item. Incidences of alcohol use among students have been reported to occur mainly in the evenings and weekends. Students often organise binge-style parties on the weekends where massive drinking commonly referred to as "tugende out", 'tubaaleko' and "tweweemu" (let's go partying) takes place and often result in intoxication, alcohol hangovers and poisoning with males being more affected than females. These types of parties play a big role in initiating new students into the act of drinking alcohol (Uganda Youth Development Link, 2008).

2.3 Drinking behavior

A College Lifestyle and Attitudinal Nationa (CLAN)survey was conducted among undergraduate full-time students in twenty one colleges/universities in Ireland (Hope, Dring & Dring, 2005). The reasons for students to use alcohol were for sociability, enjoyment and relaxation.

Higher level of males chose sociability (71%) whereas higher proportion of females showed for enjoyment (74%). A similar study in a US College showed the majority of the participants (63%) considered themselves social drinkers (Fisher, Fried & Anushko, 2007).

Further research shows that peer influence is a strong indicator of drinking behavior in late adolescence. Two types of social influences have been determined; 'passive' and 'active'. Active

social influences are seen where a substance has been offered to be used, such as being bought a drink and passive social influences relate to an individual's perception and interpretation of others drinking pattern (Graham, Marks & Hansen 1991; Oostveen, Knibbe & De Vries 1996; as cited in Wood, Read, Mitchell & Brand, 2004).

2.3.1 Responsible drinking behavior

Responsible drinking behavior by definition implies that one does not become "less" responsible because one has been drinking. If drinking any amount of alcohol causes one to act in a manner contrary to one's values, creates distress or risk for others, it is not responsible drinking.

It's difficult to define by "how much" or "how often" drinking is considered responsible drinking as each individual person has different levels of tolerance for alcohol before they begin to act "irresponsibly" (Moderate and responsible drinking ,2005).

Dr. Basangwa defines responsible drinking as drinking where a person does not at any stage experience physical, social or psychological harm or problems. The person is in control at all times when drinking. They do not suffer the consequences listed above (Basangwa, 2007). If they consume alcohol, they consume it moderately.

According to the CDC in the US, there is no one definition of moderate drinking, but generally the term is used to describe low-risk or responsible drinking. Although it is not defined in Uganda, in the US, drinking in moderation is defined as having no more than 1 drink per day for women and no more than 2 drinks per day for men. This definition is referring to the amount consumed on any single day and is not intended as an average over several days (Alcohol FAQs, 2006).

2.3.2 Barriers to adopting a responsible drinking behavior

There are many barriers and facilitators to adopting a more responsible drinking behavior. Many of the factors listed above as contributing to alcohol abuse such as war and instability, having alcohol around or being around alcohol are also barriers to adopting a responsible drinking behavior.

Another important barrier is denial. Denial, in fact, may be an important signal for alcoholism. Family and friends also do not help the situation by being in denial that their loved ones have a problem with alcohol. An example is when spouses and family members lie to cover up the problem of the alcoholic, e.g., lying to the employer of the alcoholic for the alcoholic's absenteeism from work (Kabibi, 2007).

A culture that promotes social drinking at every occasion, readily available alcohol, economic stress, lack of an alcohol policy, and lack of comprehensive prevention education are all barriers to adopting a more responsible drinking behavior.

2.3.3 Facilitators to adopting a responsible drinking behavior

There are many factors within the individual drinker that could facilitate a responsible drinking behavior. Persons who are able to manage their stress, their resources and their time properly exhibit qualities that leave little time for abuse of alcohol.

A person who is able to communicate openly with people in their lives or seeks counseling for different aspects of his or her life is less likely to turn to alcohol. It is also important to be able to recognize the signs of harmful drinking (Kabibi, 2007).

Many are unaware of the harmful effects of alcohol abuse. If one is able to recognize the signs and take action to prevent a problem or for those with a drinking problem already, if they are willing to accept that they have problem, adopting responsible drinking behavior is much easier than for those who are unaware of danger signs or are in denial of their problem with alcohol abuse (Amanya, 2007).

Interacting with non-drinkers is an important facilitator to responsible drinking behavior. It is important not to be around alcohol or to not have alcohol around the house if one is trying to adopt responsible drinking behavior. For those with alcohol dependency problems, a supportive environment, family members willing to accept that there is a problem and encourage treatment seeking behavior are also good facilitators for the person to adopting a more responsible drinking behavior (Kabibi, 2007).

In Uganda, more alcohol abuse prevention (IEC) in the communities, alcohol prevention programs in the school systems and an alcohol policy with enforceable laws is absolutely necessary and could facilitate the society as a whole being able to adopt a more responsible drinking behavior (Dyanabangyi, 2007).

2.3.4 Approaches to promoting responsible drinking among the youth

Recommended approaches to promoting responsible drinking behavior among the youth are peer-to-peer education. Peer-to-peer prevention approach should occasionally be reinforced by public film and drama shows (Basangwa, 2007).

One recommended approach for the youth is to begin with discussions to understand their opinions, their beliefs and what they consider to be benefits vs. negative consequences of alcohol abuse. They should be questioned as to why they drink and made to understand that every drinker is a potential alcoholic. Many youth believe that people who develop alcohol- related problems are those who can't control what they drink. They need to be convinced that all alcoholics at one point believed as they do now and eventually became alcoholics without understanding how they came down that path.

Messages to the youth should first of all stress that anyone under 18 should not consume any alcohol. Those >18 year of age who chose to drink should do so in a manner that is not harmful. When drinking alcohol has actually caused physical and psychological harm and clear evidence exists that alcohol is responsible for such harm, it is considered harmful drinking.

Being out of control, frequent intoxication, failure to fulfill schoolwork, work or other personal obligations are clear signs that someone is drinking in a manner that is harmful to them and others.

Youth (and adults alike) should be made aware of the risk factors and warning signs that could make them more prone to developing a serious drinking problem. Messages that promote responsible drinking should include these among others in order to convince the youth to not drink or to drink

2.4 Demographic profile of alcohol users

An early study of university/college problem drinking was conducted between year 1975 – 1985 Berkowitz and Perkins (1986) showed that problem drinkers were identified as heavy drinkers if involved in weekly drinking in excess of 5 or more drinks per occasion.

Differences were reported between male and female where males were typically drinking more excessively than women. Factsheet for Alcohol Concern (2011) in the United Kingdom stated that men of age group 16 – 24 are the heaviest drinking group of the population whereas for young women alcohol consumption tend to peak in the late teenage years. It further states that alcohol consumption declines with steady relationships, parenthood and financial responsibilities (Alcohol Concern, 2011).

Uganda was one of the countries that participated in the WHO sponsored, multinational project on Gender, Alcohol and Culture International Study (GENACIS) (2003). The objectives were to describe gender differences in consumption and drinking patterns, establish factors associated with alcohol consumption and determine the relationship between alcohol consumption and negative consequences that were measured.

The cross-sectional quantitative survey was carried out in 4 districts (Kabale, Wakiso, Tororo and Lira) to represent the western, central, eastern and northern regions of Uganda. The nearly 1500 respondents were men and women aged 18 and over and the age and sex distribution of the total sample was nearly the same as the national census.

 Of the total number of respondents, 47% reported that they drank alcohol (with 55% of the drinkers being men and 40% being women). Men were more likely to be long-time drinkers (as defined as drinking >10 years) than women (40.1% vs. 23.5% respectively). Among the drinkers, a third said they drank nearly daily or more often (44.7% for men and 17.6% for women), although how much they drank daily was not specified.

A study conducted by Kabaireho (1981) on the prevalence of alcohol consumption among university students showed that 78% of the students were using alcohol. About 79% of the males used alcohol as compared to 75% among females. The study further showed that the majority (92%) of the students began drinking alcohol before joining university.

By inference these findings are evidence that there is a general increase in the prevalence of alcohol and drug abuse among the youth, hence the need for this study to focus on educational institutions as a point of reference.

2.5 Social norms and alcohol use

Culture is implicated in high level of alcohol consumption in Uganda. For example, in some cultural groups, when a child is given a name, it is also given alcohol to mark the occasion. The fact that alcohol is included in customs signifies the importance of alcohol in people's lives.

In many rural homes, home-brewed alcohol is something that is always around the house according to Tumwesigye & Kasirye (2005). *Waragi* is considered food and traditionally, guests thank their hosts "for the cooking" after drinking together or having "porridge" together. Drinking alcohol is seen as a duty one has to fulfill. When the gourd is passed around among a group of men, it is difficult to refuse the drink. As drinking is a catalyst in most social interactions and an integral part of culture, men who don't drink are often less respected. Male youths in Kabarole said that men who do not drink are fools and identified drinking with virility (Tapouzis, 1994).

Because alcohol permeates important cultural activities, alcohol is widely consumed by all people, male and female alike, young and old. Only certain groups such as Muslims and born again Christians are not allowed to drink and tend not to drink. Women and children are culturally not allowed to drink in public with few exceptions, Tumwesigye & Kasirye (2005) and Mbulaiteye, Ruberantwari & Nakiyingi (2000).

Despite the strict gender norms that govern what is acceptable for women to do in regards to alcohol consumption, it is women who brew and sell alcohol. Brewing and selling alcohol is an accepted economic activity in the general population. Poverty and lack of alternative income-generating activities for women has been cited as the main reasons for alcohol production. Incomes from selling locally brewed alcohol are often used for school fees, other daily home expenses, and even tithing in church. Sale of alcohol has given some rural women financial independence, as women get to keep the money they earn from brewing and distilling (Tapouzis, 1994).

In addition perceptions of attitudes and behaviour that are approved of by others i.e. norms appear to be particularly influential with regards to college drinking. Watching peers drink will inform the student how to use alcohol and how other students will react to different levels of alcohol use such as; approve or disapprove of the behaviour (Borsari & Carey, 2006).

As concluded in Franca, Dautzenberg, Fallissard and Reynaud (2010) social norms of substance use including alcohol use and heavy episodic drinking is an important factor amongst students own personal use.

2.6 Alcohol policy in Uganda

Uganda has no clear regulatory policy on alcohol. Commercial sale of traditionally produced spirits is supposedly regulated by the Liquor License Act (1964), which forbids the sale and consumption of crude *waragi.* Yet, this law is outdated and rarely enforced. There are no time and place restrictions in Uganda for hours of sale of alcohol, days of sale, and places of sale and density of outlets. There is no regulation of alcohol producers and their advertisement or sponsorship practices. Breweries sponsor a lot of sporting events, promotional events, and advertise on billboards and mass media which indiscriminately reach minors and adults alike.

The legal age limit for purchasing alcohol is 18, yet this law is rarely enforced. Although there is a legal blood alcohol limit for driving, the level of enforcement is very limited due to lack of equipment that measures alcohol content in breath or blood (Global Status Report on Alcohol Policy, 2004).

A clear alcohol policy could begin to have an impact on the alcohol problem in Uganda. It will define and strengthen existing laws that are weak regarding liquor licensing, alcohol production and abuse. It will call for sensitization of opinion leaders and community about liquor regulations so as to involve them in the control of non-compliers. The policy will outline the national action plan regarding alcohol and drug abuse, which is to include increased awareness of alcohol related problems.

The policy will call for a well packaged, pro-active information, education and communication (IEC) activities to be carried out to inform the public of the problem of alcohol abuse. It will call for immediate restrictions on alcohol advertisements and other promotional programming in the

mass media, business premises, sporting events, billboards that expose the youth to the advisement. It will also call for and hopefully fund more treatment options for those with alcohol dependency problems.

Lastly, a policy in place will mean that budget and funds will be dedicated to deal with alcohol issues which will include research, prevention, education and treatment activities in addition to dealing with laws and liquor licensing that will regulate production, sale, and places of sale and enforcement of such laws including punishing those that break the laws as noted by Basangwa (2007), Tumwesigye & Kasirye (2005), Sheila (2007), and MOH (2005).

2.7 Impact of alcohol abuse

Alcohol use is related to a wide range of physical, mental and social harms. It is estimated that alcohol causes the suffering of various kinds (physical, financial, family problems, emotional, etc…) to at least 70% of the population of Uganda, either directly or indirectly, Tumwesigye & Kasirye (2005).

2.8 Physical health problems

Alcohol can affect nearly every organ in the body. A number of diseases are wholly attributable to alcohol. These range from alcohol-dependence syndrome to alcoholic cardiomyopathy, alcoholic gastritis, alcoholic liver cirrhosis, and alcohol poisoning.

Alcohol has a contributory role to the following diseases and harmful health effects: cancer (of the mouth, pharynx, esophagus, liver, and breast), cardiovascular diseases and strokes, liver cirrhosis, and birth defects and fetal alcohol syndrome related to drinking during pregnancy.

Other consequences include increased risk of injury from road traffic accidents (vehicles, bicycles and pedestrians), falls, fires, injuries related to sports and recreational activities, self-inflicted injuries and injuries from interpersonal violence (Global Status Report on Alcohol ,2004). One newspaper article reported that in 2003-2004, a total of 192 road traffic accidents were attributed to driving under the influence, although it didn't state out of how many total accidents (Gessa & Wamala, 2005). Death and disability from alcohol-related traffic accidents are still not quantified in Uganda.

A number of studies have been conducted in Uganda to understand the consequences of alcohol consumption and risk of HIV infection. A study conducted in Rakai district between 1994 -2002 followed a population-based cohort of approximately 6800 men and 8000 women at intervals of roughly 12 months when they were tested for HIV to determine if consumption of alcohol before sex was associated with an increased risk of HIV acquisition and sexual risk behaviors.

The study revealed that alcohol consumption before sex was shown to increase the risk of acquiring HIV infection by 67% for men and 40% for women. If both partners used alcohol before sex, then the risk is 58% for men and 81% for women.

Immediate health effects from alcohol consumption have also been seen with traditional forms of alcohol since they are poorly monitored for quality and strength. There are cases of harmful or fatal consequences related to impurities and adulterants that are often added to traditionally brewed and distilled alcohol. One example was the case in Kenya in November in 2000 when 140 reportedly died and many people went blind and hundreds were hospitalized after consuming illegally brewed and poisonous liquor called *kumi kumi* . The drink contained methanol and other dangerous additives such as car battery acid and formalin. Lethal additives are often added to speed drinkers to their desired high according to Global Status Report on Alcohol (2004). The New Vision newspaper (2007) in Kampala reported that 40 people had died from consuming "factory produced" *waragi.* These are illegally distilled *waragi* from various sources that are often sold in plastic bags.

2.8.1 Social harm

Alcohol consumption is linked to many harmful consequences for the individual drinker, the drinker's immediate environment and society as a whole in Uganda. Such consequences include family problems such as child abuse, time away from home as drinking often happens outside the home, broken homes, and marital problems or divorce. Alcohol dependents are more frequently divorced or separated than others. Spouses and children of alcohol dependents persons have relatively high rates of physical, emotional and psychosomatic illnesses Tumwesigye & Kasirye (2005).

Increased interpersonal violence when under the influence of alcohol has been documented in many studies. In a study conducted in Rakai district in between 2000-2001, 52% of women who reported domestic violence reported that their partners had consumed alcohol before the incident. Women whose partners frequently or always consumed alcohol before sex faced risks of domestic violence almost 5 times higher than those whose partners never drank before sex (Koening, Lutalo & Zhao, 2003).

In a separate study conducted in Rakai district, 4279 reproductive-aged women were surveyed in 1998-99 to understand the prevalence and associated risk factors to coercive sex. Results showed that alcohol consumption before sex by male partner was strongly and positively related to risk of coercive sex (Koening, Lutalo & Zhao, 2003).

Quarreling in public, law- breaking, work-place related problems and pressure from others to cut down on alcohol consumption have also been cited as negative outcomes of alcohol abuse (Global Status Report on Alcohol, 2004).

2.8.2 Financial problems

Taxation data obtained from the Uganda Revenue Authority (URA) reveals that alcohol industry brings in significant amounts of revenue into the country; it ranked 6th among the major revenue contributor; the revenue realized from alcohol was Uganda Shillings.8.933 billion in the Financial Year 2005/06. Government appears to be driven by desire to expand its taxation base by concentrating on alcohol industry.

There is lack of adequate information on alcohol taxation policy among communities in Uganda which leaves room for laxity in alcohol regulation. Since excessive alcohol use has a negative impact on society, there is need to highly tax alcohol in order to minimize alcohol availability, excessive alcohol consumption and associated consequences. Minimum tax rates need to be increased in line with inflation and alcohol content, content of all beverages, which many times are under reported by producers. Social costs which are ignored by URA should be determined by an agreed standardized methodology with public health experts in order to make alcohol manufacturers responsible for the social cost of their products (Uganda Youth Development Link, 2008).

Alcohol production is an important economic activity for many in Uganda, but there are many economic consequences related to alcohol abuse. Lower productivity and absenteeism from work are common consequences. Personal financial difficulties were the most common reported consequences in the GENACIS study. Unemployment and poverty have also been cited as both consequences and potential causes of alcoholism, Tumwesigye & Kasirye (2005).

Conclusion

The lack of national policy coupled with weak and poorly enforced laws provide the impetus for increasing alcohol availability, accessibility and potential abuse. The absence of comprehensive, reliable data and information that gives the national picture of the alcohol abuse in Uganda makes it difficult to convince the politicians and public alike of the scale and magnitude of the problem, and even more difficult to respond with adequate demand reduction measures. Prevention efforts, programs that promote responsible drinking behavior, and treatment options are few, grossly underfunded, and mostly in the urban areas. If the problems of alcoholism and its devastating effects are to be surmounted, concerted efforts are needed from the alcohol industry, the government, NGO sector, communities and community leaders, and families and individuals (drinkers and non-drinkers alike).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter provides information on the study design, study population, sampling method, sample size determination, type of data collected, data collection tools, data analysis, data presentation, data quality control, type of data collected, ethical considerations and limitations of the study.

3.2 Study Design

The study used a case study design focusing on a small area of Uganda Martyrs University's main campus Nkozi and the findings generalized to a bigger population capturing all details and adequate information. The use of both qualitative and quantitative approaches ensured that the data was effectively interpreted using the numbers, figures as well as the narrative case study used allowed a concentration focused on the phenomenon.

The qualitative approach was used to study people's behaviors, perceptions, attitudes and values while the quantitative approach will study figures, numbers, percentages and statistics. The use of both approaches as adopted helped the researcher gather information about the targeted population.

3.3 Study Population

The study was only those relevant stakeholders in relation to the topic under study and specifically comprised of the selection for the students of Uganda Martyrs University, Nkozi who are residents of Your Hostel had been affected by use of alcohol either directly or indirectly. The study population will also take into account the fact that the respondents must be stakeholders of the area under study affected by the study topic.

3.4 Study Area

The area of the study was Uganda Martyrs University's main campus which is located at Nkozi, which is 82 kilometers west of Kampala, Uganda's capital city, on the Kampala-Masaka road. It

is one of the urban centers in Mpigi district. Nkozi Sub-County is one of three sub-counties in Mawokota County in Mpigi District (others are Kintuntu and Buwama).

3.5 Sampling Techniques

Simple random sampling was used to select the respondents from the affected people with the problem in Uganda Martyrs University's main campus, Nkozi. Simple random sampling was used for it is the simplest of the probability sampling techniques and it is free of classification error, and its simplicity made it relatively easy to interpret data collected.

Purposive sampling was also used in selecting respondents from the relevant ministry that is the ministry of labour and gender affairs and more from the officials in charge of alcohol and violence based criminals within Nkozi subcounty. This was based on judgment of what units facilitated an investigation qualitatively based on certain purpose and has restriction to specific respondents.

3.6 Sample Size Determination

The sample was determined using the table as adopted by Using Krejcie and Morgan (1970) from the target population of approximately 180 students who are residents of Your Hostel, a sample size of 123 will be selected that will comprise of the respondents for the study determined using Krejcie and Morgan (1970).This particular sample size may be selected because it may be easier to manage and it will be enough to generate findings as well as to generalize the findings to a bigger population. The sample size will also take into account the fact that the respondents must be of the area under study affected by the study topic.

Table 1: Population and sample for data collection

Sex	Population	Sample size	Actual respondents
Male students	80	43	37
Female students	100	80	51
Total	180	123	88

Figure 2: Formula for determining sample size

$$S = X^2 NP(1 - P) \div d^2(N - 1) + X^2 P(1 - P)$$

S = required sample size

X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841)

N = the population size

P = the population proportion (assumed to be .50 since this would provide the maximum sample size)

D= the degree of accuracy expressed as a proportion (.05)

3.7 Type of Data Collected

Both primary data and secondary data were used. Primary data was collected from the data sources using the various data collection techniques like the questionnaire and the interview guide while secondary data was collected from the internet, magazines and journals.

3.8 Data Collection Methods

For this research study, data collection methods like face-to-face interview, interview question guides and researcher administered questionnaires were used. The researcher majorly focused on the researcher administered questionnaires even though some respondents who asked for more time to fill the questionnaires did not return them. One on one interviews were conducted with key informants because they offered clarity on the questions about the purpose of the research study.

3.9 Data Quality Control

Data processing was done after a data quality assurance process, which consisted of discovery of data inconsistency and collection which included aspects of data quality control like triangulation, rigorousness and piloting of instruments. Validity of the research instruments was ensured so that the instruments measure what they are met for and fulfill the objectives.

3.10 Data Analysis

The researcher analyzed data both qualitative and quantitative data and this was due to the use of different data collection methods. Data collected using interview and observation methods (Qualitative data) was edited as soon as possible after each interview, so as to ensure completeness and uniformity into meaningful categories for easy interpretation. It was categorized according to the study objectives.

For the data collected from questionnaires (quantitative data), it was analyzed with the help of SPSS Computer package to determine frequencies, percentages and develop tables and charts and interpreted based on the study objectives. Coding of both qualitative and quantitative data was done in order to control the data which was collected; in this case all the data that was not conform to the matter of discussion was left out.

3.11 Data Processing and Data Analysis

The questionnaire was coded then entered into SPSS where it was summarized for further data analysis. Analysis was carried out using Stata, Epidata, SPSS and Excel at univariate and bivariate levels.

3.12 Ethical Considerations

A letter of introduction was obtained from the university to help introduce the researcher to the respondents and assure them that the data being obtained from them was basically for study purposes. Participants were also assured of confidentiality such that they were not asked questions in the open such that everyone heard their responses. No participant was coerced with any material or physical payments in exchange for information pertaining to the research study.

3.13 Limitations of the Study

The major limitations of this study included the limited time allocated resources to carry out the study. There were also limited finances to be used to carry out this study.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This research study investigated alcohol use and its impact among university students in Uganda, case study of Your Hostel, Uganda Martyrs University, Nkozi. In the presentation phase, data collected was interpreted and discussed in relation to the objectives of the study as stated in chapter one and in comparison with the literature review. Tables, graphs, charts and percentages were used. Analysis of the findings was done using SPSS 17 in order to address the effect alcohol use and impact among university students in Uganda. This chapter presents the results of these analyses.

4.2 Univariate Analysis

The study was able to obtain information from 88 out of the 123 questionnaires and 4 out of the 4 interview guides given out to different students of Uganda Martyrs University, Nkozi in Your Hostel as represented in table 4.2 below.

Table 4.2: Demographic characteristics

Gender of respondents		
	Frequency	Percent
Male	31	42.0
Female	51	58.0
Total	88	100.0

Source :(Survey Data, 2015)

Table 4.2 shows that various themes were considered in order to derive and bring out clearly the views given by different respondents. The study ascertained that although both sexes were involved in the sample, out of 88 respondents, female (58%) represented the largest portion to

show that it is mostly females compared to the men who constituted (42%) of the total sample. The study showed that there were more females than male respondents.

4.3: Bivariate analysis

Respondents were asked questions about their age and sex to determine the demographic characteristics of the population and the results are illustrated in table 4.3 below

Table 4.3: Age vs. sex of respondents

Age vs. sex					
Age	**Sex**				**Total**
	Male	**Percent**	**Female**	**Percent**	
19	0	0	6	11.8	6
20	0	0	13	25.5	13
21	0	0	15	29.4	15
22	7	18.9	10	19.6	17
23	21	56.8	7	13.7	28
24	9	24.3	0	0	9
Total	37	100	51	100	88

Source :(Survey Data, 2015)

Table 4.3 illustrates that the majority of male respondents were of the age of 23 years with (56.8%), followed by 24 years with (24.3%) being the most active ages and of the total male respondents .On the other hand, the age of 22 years had the least representation (18.9%) and further shows there was no male respondents below the age of 22 years and further more findings showed that majority of the female respondents (29.4%) were 21 years old. This made up the

largest portion of the female population that responded to the survey. This was followed closely by females of 20 years with (25.5%), 22 years with (19.6%), 19 years with (11.8%) and lastly 23years with (13.7%) with no respondent of 24 and above years in the survey.

4.4 Area of residence and region

Data about the area of residence and region from which hail the respondents was also obtained. This was done to find out the nature of the respondents and where they are coming from as shown by the results in the table 4.4 below.

Table 4.4: Area of residence and region

Area in which you reside		
	Frequency	**Percent**
Urban	64	72.7
Rural	24	27.3
Total	88	100.0
Which region of Uganda		
	Frequency	**Percent**
Northern	14	15.9
Western	23	26.1
Central	37	42.0
Eastern	14	15.9
Total	88	100.0

Source :(Survey Data, 2015)

(Table 4.4) Different areas of residence were included in the study, the largest majority of people included in the survey being from urban areas of Uganda that was making up of(72.7%) of the population, and the least number of respondents residing in the rural areas making (27.3%) of the total population as shown in the table above. Among the participants most of the respondents described themselves as coming from the central region with (42%), and then this was followed by respondents from western region (26.1%), and lastly respondents from the eastern and northern regions who both were (15.9%) as shown in the table 4.2.5 above.

4.5: Respondents according to occupation

Information obtained from the respondents according to their occupation and to how they participated in the survey shows that both male and female respondents who participated in the survey were all full time university students who resided in Your Hostel, Uganda Martyrs University, Nkozi. This further indicates that none of the respondents was employed in any form as would be the case above.

4.6 Monthly Income and Expenditure on alcohol

The monthly income of the respondents in the study area was compared to the expenditure on alcohol by respondents in the survey and the results obtained are presented in table 4.2.7 below.

Monthly Income

Table 4.6 shows 21(23.9%) respondents had a monthly income of a 50,000/= to 200,000/=, 47 (53.4%) respondents a monthly income of 200,001/= to 500,000/=, and 20 (22.7%) respondents had a monthly income of over 500,000/=. This shows that the majority (53.4%) of the respondents had monthly incomes of 200,001/= to 500,000/=.

Table 4.6: Monthly Income

	Frequency	Percent	Valid Percent
Valid 50,000 to 200,000	21	23.9	23.9
200,001 to 500,000	47	53.4	53.4
above 500,000	20	22.7	22.7
Total	88	100.0	100.0

Source :(Survey Data, 2015)

Expenditure on alcohol

Table 4.2.8 shows of the population 26(29.5%) respondents spent below 50,000/= on alcohol, 33(37.5%) respondents spent 50,000/= to 200,000/= on alcohol, 0nly 8(9.1%) respondents spent 200,001 to 500,000/= and lastly 21(23.9%) had spent above 500,000/= on alcohol.

Table 4.7: Expenditure on alcohol

		Frequency	Percent	Valid Percent
Valid	below 50,000	26	29.5	29.5
	50,000 to 200,000	33	37.5	37.5
	200.001 to 500,000	8	9.1	9.1
	above 500,000	21	23.9	23.9
	Total	88	100.0	100.0

Source :(Survey Data, 2015)

Table 4.8: Monthly Income and Expenditure on alcohol

		spend on alcohol				
		below 50,000	50,000 to 200,000	200.001 to 500,000	above 500,000	Total
monthly earnings	50,000 to 200,000	8	13	0	0	21
	200,001 to 500,000	14	20	8	5	47
	above 500,000	4	0	0	16	20
Total		26	33	8	21	88

Source :(Survey Data, 2015)

Table 4.8 shows 21(23.9%) respondents had a monthly income of a 50,000/= to 200,000/=, of which 8 spent below 50.000/= and majority 13 spent 50,000 to 200,000/= on alcohol. The 47 (53.4%) respondents had a monthly income of 200,001/= to 500,000/=, and 20 respondents spent 200,001/= to 500,000/= of this on, 14 below 50,000/=, 8 spent 200,001 to 500,000/= on alcohol and lastly only 5 respondents spent above 50,000/=.

Those that had a monthly income of over 500,000/=, only 4 spent below 50,000/= and the 16 earning above 500,000/= spent above 500,000/= on alcohol. This indicates that majority/bigger percentage of the respondents spent a bigger portion of their incomes on alcohol as shown in the table 4.8 above.

4.7 Economic status

The economic status of the respondents was also obtained by the researcher using the questionnaire in order to determine if the economic status of the respondents as shown in the table 4.9 below.

Table 4.9 economic status

	Frequency	Percent	Valid Percent
Average	23	26.1	26.1
above average	40	45.5	45.5
Affluent	25	28.4	28.4
Total	88	100.0	100.0

Source :(Survey Data, 2015)

4.8 Multivariate Analysis

4.9 Alcohol use and the impact of the alcohol use.

The next objective of the study was to determine alcohol use and impact among university students in Uganda, Uganda Martyr's University, Nkozi, case study Your Hostel. To achieve these objectives, students of Uganda Martyrs University, Nkozi residents of Your Hostel were asked to react to several statements. Their results are summarized in the tables below and the subsections that follow.

How often do you drink?

Table 4.10 showing how often you drink

How often do you drink		
	Frequency	**Percent**
Monthly	30	34.1
2-4 times a month	22	25.0
2-3 times a week	36	40.9
Total	88	100.0

Source :(Survey Data, 2015)

Table 4.10 shows (31.4%) of the respondents drink monthly, (25%) of the respondents revealed they drunk 2-4 times a month and (40%) of the respondents drank 2-3 times a week of the total population. This shows that majority of the respondents drink more often 2-3 times a week despite their responsibilities within the week.

Number of drinks with alcohol

Table 4.11 showing the number of drinks with alcohol

Number of drinks with alcohol		
	Frequency	**Percent**
1 or 2	18	20.5
3 or 4	43	48.9
5 or 6	5	5.7
6or 7	22	25.0
Total	88	100.0

Source :(Survey Data, 2015)

Table 4.11 shows (20.5%) of the respondents had 1or 2 drinks with alcohol on a typical night out with friends, (48.9%) 3 or 4 drinks with alcohol,(5.7%) of the respondents had 5 or 6 drinks containing alcohol and 25% 6 or 7 drinks with alcohol. This indicates the majority of the respondents (25%) had 6 or 7 drinks with alcohol. This implied heavy or episodic drinking of alcoholic beverages with the primary intention of becoming intoxicated by heavy consumption of alcohol over a short period of time.

Unable to stop drinking past year

Table 4.12 unable to stop drinking past year

<table>
<tr><th colspan="3">Unable to stop drinking past year</th></tr>
<tr><td></td><td>**Frequency**</td><td>**Percent**</td></tr>
<tr><td>Less than monthly</td><td>11</td><td>12.5</td></tr>
<tr><td>Monthly</td><td>26</td><td>29.5</td></tr>
<tr><td>Weekly</td><td>13</td><td>14.5</td></tr>
<tr><td>Daily or almost daily</td><td>38</td><td>43.2</td></tr>
<tr><td>**Total**</td><td>88</td><td>100.0</td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

Source :(Survey Data, 2015)

Table 4.12 further shows that (12.5%) of the respondents were unable to stop drinking in the past year; less than monthly, (29.5%) in a monthly period, (14.8%) in a weekly period and (43.2%) daily or weekly period. This indicated that majority of the respondents were unable to stop drinking daily or weekly in the past year.

Failed to do what was expected of you

Table 4.13 showing failed to do expected of you

Failed to do expected of you		
	Frequency	**Percent**
Never	10	11.4
Less than monthly	9	10.2
Monthly	13	14.8
Weekly	34	38.6
Daily or almost daily	21	23.9
Total	87	98.8
System	1	1.1
Total	88	100.0

Source :(Survey Data, 2015)

From table 4.13 only (11.4%) were able to do what was expected of them after drinking whereas (10.2%) failed to do what was expected of them less than monthly period,(14.8 %) in monthly period, (38.6%) I a weekly period and (23.9%) failed to do what they were expected to do daily or almost daily. This indicated that majority of the respondents failed to do what was expected of them in a weekly period all because they were drinking.

Happened the night before because you had been drinking?

Table 4.14 happened the night before you were drinking

Happened the night before when you were drinking		
	Frequency	**Percent**
Never	21	23.9
Less than monthly	11	12.5
Monthly	33	37.5
Weekly	15	17.2
Daily or almost daily	7	8.0
Total	87	98.9
System	1	1.1
Total	88	100.0

Source :(Survey Data, 2015)

From table 4.14 only (23.9%) of the respondents were never unable to remember what had happened the night before because they had been drinking during the past year, (12.5 %) were unable to remember what happened the night before because they had been drinking less than monthly, and the majority (37.5%) were unable to remember what happened the night before because they had been drinking in a monthly period, furthermore (17.2 %) were unable to remember on a weekly basis what happened the night before because they had been drinking, whereas (8%) unable to remember on a daily or almost daily basis what happened the night before because they had been drinking during the past year.

You or someone else been injured

Table 4.15 showing you or someone else been injured

You or someone else been injured		
	Frequency	**Percent**
No	1	1.1
Yes, but not in the past year	19	21.6
Yes ,during the past year	67	76.1
Total	87	98.9
System	1	1.1
Total	88	100.0

Source :(Survey Data, 2015)

From only table 4.15 (1.1%) of the respondents disclosed that neither them or someone else had been injured as a result of drinking alcohol, (21.6%) accepted that either them or someone else had been injured as a result of drinking but not in the past year whereas the majority of the respondents accepted that they had been injured or someone else during the past year (76.1%). This shows that alcohol consumption is linked to many harmful consequences for the individual drinker, the drinker's immediate environment and probably society as a whole.

4.10 Attitudes and feelings about alcohol consumption.

The last objective of this study was to determine the attitudes and feelings about alcohol consumption from students of Uganda Martyrs University, Nkozi using Your Hostel as a case study. To achieve this objective, residents of Your Hostel were asked questions relating to different attitudes and feelings people have about alcohol consumption and how it had affected

them. Data under this objective was analysed with regards to attitudes and feelings about alcohol consumption. Their results are summarised in tables below.

Table 4.16 showing attitudes and feelings about alcohol

Friends make fun of people who are not drinking		
	Frequency	**Percent**
Strongly agree	3	3.4
Agree	47	53.4
Neither agree nor disagree	17	19.3
Disagree	20	22.7
Total	87	98.9
System	1	1.1
Total	88	100.0
Make favorable comments about drinkers		
	Frequency	**Percent**
Strongly agree	15	17.0
Agree	35	39.8
Neither agree nor disagree	33	37.5
Disagree	3	3.4
Total	86	97.7

System	2	2.3
Total	88	100.0
Friends often speak about drinking		
	Frequency	**Percent**
Strongly agree	6	6.8
Agree	60	68.2
Neither agree nor disagree	21	23.9
Total	87	98.9
System	1	1.1
Total	88	100.0

Source :(Survey Data, 2015)

Friends make fun of people who are not drinking

From Table 4.16 indicates (3.4%) of the respondents strongly agree that their friends make fun of people who aren't drinking, majority (53.4%) agree to it that their friends make fun of people who are not drinking, only (19.3%) neither agree nor disagree whereas (22.7%) disagree that friends make fun of those who are not drinking. This shows that majority of the respondents advocate to their friends to drink alcohol rather than abstain from the act of drinking.

Make favorable comments about drinkers

From table 4.16 (17%) respondents strongly agree to making favorable comments about drinkers, (39.8%) agree to make favorable comments about drinkers whereas (37.5%) neither agree nor disagree and are concluded indifferent about their comments about drinkers and (3.4%) disagree

to making favorable comments about drinkers. Therefore the majority of the respondents agreed to make favorable comments about drinkers.

Friends often speak about drinking

From table 4.16 (6.8%) of the respondents strongly agreed that friends often speak about drinking, majority of the respondents (68.2%) agreed to the fact that friends often speak about drinking and (23.9%) neither agreed nor disagreed that friends often speak about drinking. This showed that drinking was often spoken about and as an activity of high interest by friends of the respondents.

Table 4.17 showing attitudes and feelings about alcohol

Friends tend to drink a lot		
	Frequency	**Percent**
Strongly agree	36	40.9
Agree	37	42.0
Neither agree nor disagree	14	15.9
Total	87	98.9
System	1	1.1
Total	88	100.0
Friends often make me stay out drinking		
	Frequency	**Percent**
Strongly agree	19	21.6
agree	27	30.7

	38	43.2
Nether agree nor disagree	38	43.2
Strongly disagree	3	3.4
Total	87	98.9
System	1	1.1
Total	88	100.0

I feel pressurized by my friends to drink		
	Frequency	**Percent**
Strongly agree	22	25.0
Agree	28	31.8
Neither agree nor disagree	31	35.2
Disagree	6	6.8
Total	87	98.9
System	1	1.1
Total	88	100.0

Source :(Survey Data, 2015)

Friends tend to drink a lot

From table 4.17 (40.9%) of the respondents tend to strongly agree that their friends tend to drink a lot for a fact, majority of the respondents (42%) simply agreed that their friends tend drink a lot and (15.9%) neither agreed nor disagreed. Therefore majority of respondents revealed that their colleagues are people who drink a lot.

Friends often make me stay out drinking

From table 4.17 (21.6%) of the respondents strongly agreed that their friends often made them stay out drinking longer than they had planned, (30.7%) agreed that their friends often made them stay out drinking for longer than they agreed and majority (43.2%) neither agreed nor disagreed to this and only (3.4%) disagreed that that their friends had often made them stay out drinking longer than they had planned. In other words majority of the respondents' decision to stay out was influenced by their friends.

I feel pressurized by my friends to drink

From table 4.17 (25%) strongly agree that they felt pressurized by their friends to drink, (31.8%) agreed to have been pressurised by friends to drink, (35.2%) neither agreed nor disagreed to the notion whereas only (6.8%) disagreed to have felt pressurized by their friends to drink. This shows that majority of the respondents were pressurized by their friends to drink.

4.10 Bivariate analysis

The relationship between the study variables was measured using non parametric correlations and the results obtained and summarized in the table 4.18 below

4.11 Alcohol use and impact

From table 4.18 there's a significant correlation for number of drinks with alcohol compared to how often one had found that they were not able to stop drinking once they had started , failed to do what was expected of them and remembered what happened the night before you they were drinking.

Table 4.18 alcohol use and impact

Correlations

			number of drinks with alcohol	unable to stop drinking past year	failed to do expectated of you	happened the night before when drinking
Spearman's rho	number of drinks with alcohol	Correlation Coefficient	1.000	.438**	.461**	.331**
		Sig. (2-tailed)	.	.000	.000	.002
		N	88	88	87	87
	unable to stop drinking past year	Correlation Coefficient	.438**	1.000	.214*	-.005
		Sig. (2-tailed)	.000	.	.047	.960
		N	88	88	87	87
	failed to do expectated of you	Correlation Coefficient	.461**	.214*	1.000	.175
		Sig. (2-tailed)	.000	.047	.	.105
		N	87	87	87	87
	happened the night before when drinking	Correlation Coefficient	.331**	-.005	.175	1.000
		Sig. (2-tailed)	.002	.960	.105	.
		N	87	87	87	87

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

4.12 Attitudes and feelings about alcohol

From table 4.19 there's a significant correlation for friends often speak about drinking with other variables such as friends tend to drink a lot (0.05 significant level),friends often make me stay out drinking(0.001 significant level) and lastly having felt pressurized to go out and drink by friends as an indication of peer pressure to consume alcohol.

Table 4.19 attitudes and feelings

Correlations

		friends often speak about drinking	friends tend to drink alot	friends often make me stay out drinking	i feel pressurized by my friends to drink
friends often speak about drinking	Pearson Correlation	1	.388**	.249*	.439**
	Sig. (2-tailed)		.000	.020	.000
	N	87	87	87	87
friends tend to drink a lot	Pearson Correlation	.388**	1	.121	.112
	Sig. (2-tailed)	.000		.266	.303
	N	87	87	87	87
friends often make me stay out drinking	Pearson Correlation	.249*	.121	1	.854**
	Sig. (2-tailed)	.020	.266		.000
	N	87	87	87	87
i feel pressurized by my friends to drink	Pearson Correlation	.439**	.112	.854**	1
	Sig. (2-tailed)	.000	.303	.000	
	N	87	87	87	87

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary and conclusion of the major findings drawn from the previous chapter and recommendations made on alcohol use and impact among university students in Uganda, a case study UMU (Nkozi), Your Hostel. The study was carried out to examine the effect of alcohol use and its impact on university students in Uganda.

5.2 Summary of the findings

The majority of male respondents were of the age of 23 years and further findings showed that majority of the female respondents were 21 years old.

Of all 88 respondents both male and female all had a university level education as shown by the findings.

Different areas of residence were included in the study, the largest majority of people included in the survey being from urban areas, and the least number of respondents residing in the rural areas of the total population as shown by the findings. Among the participants most of the respondents described themselves as coming from the central region.

Further findings indicated that the majority/bigger percentage of the respondents spent a bigger portion of their incomes on alcohol regardless of how much they earned.

Both male and female respondents who participated in the survey were all full time university students who resided in Your Hostel, Uganda Martyrs University, Nkozi. This further indicates that none of the respondents was employed in any form and lastly majority of the respondents were above average economic status.

There was significant correlation for number of drinks with alcohol compared to how often one had found that they were not able to stop drinking once they had started , failed to do what was expected of them and remembered what happened the night before they were drinking and a significant correlation for friends often speak about drinking with other variables such as friends tend to drink a lot ,friends often made the respondents stay out drinking and lastly the respondents having felt pressurized to go out and drink by friends, this suggested peer pressure influence.

5.3 Conclusions of the Study

The study investigated alcohol use and impact among university students, a case study of Your Hostel, Uganda Martyrs University, Nkozi. It was intended to find out the use of alcohol and its impact on university students using Your Hostel, Uganda Martyrs University (Nkozi) in Mpigi district as a case study.

The study specifically sought to find the difference in rates of alcohol use between students. It was also intended to find whether the students who use alcohol are aware of the impact and harmful effects of alcohol and to find out the prevalence of alcohol use among 3rd year students of Uganda Martyrs University.

In the view of these findings, the rates of current alcohol use among university students are high. Appropriate measures and interventions have to be instituted to address these issues.

5.4 Suggestions for further research

Future research in this area is needed to a greater extent, between different Ugandan Colleges/universities, among young adults that are college/university students versus non college/university students and between different socio-economic backgrounds. It may be of importance to develop further responsible drinking campaigns towards young adults.

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APPENDICES

Appendix I: Questionnaire Cover Letter

Uganda Martyrs University

P O Box 5498

Kampala, Uganda

May 2015

Dear sir/madam,

I am Mutesasira Donald, a third year student at Uganda Martyrs University undertaking a research study to determine alcohol use and impact among university students in Uganda. To this end I kindly request that you complete the following short questionnaire regarding your attitudes towards the effect of alcohol use and impact among university students in Uganda. It should take no longer than 10 minutes of your time. Although your response is of the utmost importance to me, your participation in this study is entirely voluntary. Please do not enter your name or contact details on the questionnaire. It remains anonymous. Information provided by you remains confidential and will be reported in summary format only. Summary results of this research will be compiled into a research report and be published, and copies will be available in the University library. Should you have any queries or comments regarding this study or want your response to be omitted before the report is published feel free to contact me on 0773753552.

Yours Faithfully,

MUTESASIRA DONALD

Appendix II: Questionnaire

This study is concerned about alcohol use and impact among university students in Uganda. Please answer each section as honestly as you can. Do not spend too long thinking about each answer there are no right or wrong answers. Any information that you give will remain strictly confidential you are not required to write your name anywhere in this survey. I would like to thank you in advance for your time and co-operation.

SECTION A – Background Information

Please answer the following questions by ticking the relevant block or writing down your answer in the space provided.

Sex

Male	1
Female	2

Age in complete years

Highest level of education

Primary	1
Secondary	2
Tertiary	3
University	4

How do you describe the area in which you reside?

Urban	1
Rural	2
Don't know	3

Which region of Uganda are you from?

Northern	1
Western	2
Central	3
Eastern	4

What are you?

Student	1
Self employed	2
Employed	3
Unemployed	4

How much do you earn per month?

Below 50,000	1
50,000-200,000	2
200,001-500,000	3
Above 500,000	4

How much do you spend on alcohol?

Below 50,000	1
50,000-200,000	2
200,001-500,000	3
Above 500,000	4

How do you describe your economic status?

Poor	1
Below average	2
Average	3
Above average	4
Affluent	5

Section B

This Section of the questionnaire regards to alcohol use and the impact of the alcohol use.

How often do you have a drink containing alcohol?

Never	1
Monthly	2
2-4 times a month	3
2-3 times a week	4
4 or more times a week	5

How many drinks containing alcohol do you have on a typical night out with your friends?

1 or 2	1
3 or 4	2
5 or 6	3
6 or 7	4
9 or 10 or more	5

How often do you have six or more drinks on one occasion?

Never	1
Less than monthly	2
Weekly	3
Daily	4
Almost daily	5

During the past year, how often have you found that you were not able to stop drinking once you had started?

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5

During the past year, how often have you failed to do what was normally expected of you because of drinking?

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5

During the past year, have you been unable to remember what happened the night before because you had been drinking?

Never	1
Less than monthly	2
Monthly	3
Weekly	4
Daily or almost daily	5

Have you or someone else been injured as a result of your drinking?

No	1
Yes, but not in the past year	2
Yes ,during the past year	3

Section C

Please read each question and circle the appropriate number that is correct for you on your answer sheet. Please answer all questions.

This Section of the questionnaire regards to attitudes and feelings about alcohol consumption.

1 = strongly agree

2 = agree

3 = neither agree nor disagree

4 = disagree

5 = strongly disagree

1. My friends tend to make fun of people who are not drinking alcohol.

    1   2   3   4   5

2. My friends often make favorable comments about people who like to drink alcohol.

    1   2   3   4   5

3. Going out drinking alcohol is frequently brought up in conversations with my friends.

    1   2   3   4   5

4. My friends tend to drink a lot.

    1   2   3   4   5

5. My friends often make me stay out drinking for longer than I had planned to going out.

    1   2   3   4   5

6. I feel pressurized by my friends to drink alcohol.

    1   2   3   4   5

I would once again like to thank you for taking part in this study and would remind you that all information here will remain strictly confidential. If you would like to know more about this study, please do not hesitate to contact me on this number 0773753552.

Appendix III: Interview guide for Background information on alcohol use and impact among university students in Uganda.

1. What is your gender?

....

2. How old are you?

…………………………………………………………………………….......

3. What is your highest level of education?

……………………………………………………………………………………

5. How would you describe where you live?

……………………………………………………………………………………

6. Which region of Uganda do you come from?

……………………………………………………………………………………

8. How much do you earn per month?

……………………………………………………………………………………

9. How much of it do you spend on alcohol?

……………………………………………………………………………………

10. What is your economic status in society?

…………………………………………………………………………………....

Alcohol use and impact

1. How often do you have a drink containing alcohol?

…………………………………………………………………………….......

2. How many drinks containing alcohol do you have on a typical night out with your friends?

……………………………………………………………………………………

3. How often do you have six or more drinks on one occasion?

……………………………………………………………………………………

4. During the past year, how often have you found that you were not able to stop drinking once you had started?

…………………………………………………………………………………

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?

…………………………………………………………………………………

6. During the past year, have you been unable to remember what happened the night before because you had been?

…………………………………………………………………………………

7. Have you or someone else been injured as a result of your drinking?

…………………………………………………………………………………

Thank you for your time

Appendix IV: Budget

Table 4.20 proposed budge

Item	Quantity	Unit cost	Total cost
Travel		50000	50000
Data analysis	2	50000	100000
Secretarial services	1	20000	20000
Photocopying	1	20000	20000
Printing and binding	3	15000	45000
Other expenses		100000	100000
Honorarium	1	1	20,000