

**FACTORS CONTRIBUTING TO THE INCREASING CASES OF ALCOHOLISM AMONG ADULTS  
AGED 25-60 YEARS IN LUKWANGA TOWN BOARD WAKISO DISTRICT,  
A CROSS-SECTIONAL STUDY.**

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## **ABSTRACT**

### **Background**

Globally, alcoholism is a health concern affecting millions of people, with alcohol-related deaths approximating 2.6 million annually. Uganda has a very high alcohol consumption rate, with an estimated 9.5 liters of alcohol consumed per person over 15 years of age. This study thus aimed to determine the factors contributing to the increasing cases of alcoholism among adults aged 25-60 years of age in Lukwanga town board, Wakiso district.

### **Methodology**

A descriptive cross-sectional study was employed with a Simple random sampling technique. The questionnaire method was used for data collection on the sample size of 100 respondents; Data was analyzed manually, tallied, and used to generate tables, figures, graphs, and pie charts.

### **Results**

From the study findings, 70% of the participants were aged 25-40 years, 64% were Baganda, 60% were married, 40% were Catholic, and 68% had attained secondary education. Individually, 70% drank due to stressful life challenges, and 50% drank to achieve an elevated mood. Hang as reported by 40%, was the main challenge encountered post-consuming alcohol. Socio-economically, 40% highlighted social isolation and unemployment status as a reason for consuming alcohol, while 30% attributed drinking to chronic illnesses. On community factors, 60% reported community tolerance in public places as a trigger, whereas 50% said that alcohol consumption always culminated in violence and aggressive behavior.

### **Conclusion**

The Majority of the respondents had a good academic background, and communication was easy, and this helped in obtaining the necessary information about the broad-spectrum factors that had increased the cases of alcoholism in the targeted population.

### **Recommendation**

Social support systems should be extended to the local people. Psychosocial guidance should be offered to counter tension and stress. Local leaders and health workers should sensitize people about life-limiting factors associated with binge drinking, such as violence.

**Keywords:** Alcoholism, Lukwanga Town Board, Wakiso District.

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## **BACKGROUND OF THE STUDY**

Modern societies are burdened by a lack of consensus around many issues of right and wrong or proper and improper behavior. Since the latter part of the 18th century, drinking alcohol has been a focus of disagreement, sometimes amounting to political warfare among subgroups making up larger national societies (Keller et al., 2025). Alcoholism, also known as Alcohol use disorder (AUD), is a serious disease where people have an overpowering desire for the physical and mental effects of drinking alcoholic

beverages, with an overall alcohol use disorder being more common in individuals with less education and low income (Alcoholism, Physiopedia 2023). Alcohol consumption presents a global health concern and contributes to 5.1% of the disease burden, including cardiovascular diseases, cancers, hypertension, and injuries, with young people being the most affected (WHO 2018). Additionally, it is the leading risk factor for death and disability, particularly in men, and is associated with various health outcomes,

including ischemic heart disease, tuberculosis, and liver disease.

It is estimated that nearly half of the adults in the world have consumed alcohol in the last 12 months; however, the global burden of ailments caused by its harmful use is gigantic. Disturbingly, it exceeds those caused by many other risk factors and diseases on global health. An estimated 20.8 million Americans age 12 and older had substance use disorders, and 15.7 million had alcohol use disorders. Of the latter, 2.7 million were illicit drug users with an illicit drug use disorder. This number makes alcohol the leading substance abused in the United States (Nehring 2020).

According to the 2023 National Survey on Drug Use and Health (NSDUH), 224.3 million people aged 12 and older (79.1%) reported that they drank alcohol at some point in their lifetime (SAMHSA, Center for Behavioral Health Statistics and Quality, 2023). In India, the prevalence of alcohol consumption was 54.5% and 47.7% at the baseline and follow-up, respectively. Over two decades, 12% of men admitted to having started drinking, and 18% quit drinking. Lower education and lower socio-economic status (SES) were the strongest predictors of alcohol consumption (Gowri et al., 2024).

Substance use is common among youth in urban Uganda; one study found that over 70 % of youth aged 12–24 in Kampala had used a substance, inclusive of alcohol, and nearly 40 % of them used it regularly (UNODC 2022). Another study among Makerere University students revealed that nearly 39% of students reported alcohol use (Atusingwize et al., 2022).

Findings from knowledge of alcohol abuse revealed that 82% of men had ever heard of alcohol abuse and knew its side effects and most (65%) knew possible reasons why alcohol is abused, outlining some as stress, and ready availability. Nevertheless, 57.1% still drank locally brewed alcohol, and 46% drank in bars (Nabukanya & Kabakwa, 2024).

In Uganda, there is a lot of alcohol with production in the formal sector breweries estimated at 37%, while the domestically produced spirits account for 63%, which is largely unregulated and unrecorded (MOH 2022). This study, therefore, aimed at determining the factors contributing to the increasing cases of alcoholism among adults aged 25-60 years of age in Lukwanga town board Wakiso district.

## METHODOLOGY

### Study design

A descriptive cross-sectional study design was used to conduct the study since it allowed the determination of both the dependent and independent variables at the same point in time with no follow-up of the participants.

### Study area

The study was carried out at Lukwanga town board in Wakiso district. Wakiso district is located in the central region of Uganda, encompassing the capital city, Kampala. The study area was chosen because of the increasing tendencies of alcoholism, population, and size, which were obtainable.

### Study population

The study was conducted among adults aged 25–60 years, satisfying the meaning of the word bargoer in Lukwanga town board, Wakiso district because there were increasing tendencies of alcoholism.

### Sample size determination

The sample size was determined using the Kish and Leslie formula as stated below.

Where;  $n$  = the desired sample

$z$  = the standard normal deviation, usually set at 1.9

$p = 50\%$

Therefore  $p = 0.5$   $q = (1 - p)$

$d$  = absolute error allowed (10%) = 0.1 Substitution into the above equation

$Q = (1 - p) = (1 - 0.5) = 0.5$

Thus,  $n = (1.96)^2 (0.5 \times 0.5)$

$(0.1)^2$

$n = 96$

Therefore,  $n = 96$  Respondents.

Four respondents were added to minimize sampling Bias to make 100 participants.

### Sampling Technique

A convenient sampling technique was employed in the study to select the participants. This is because the sampling method was easy to administer for a big, homogeneous population.

### Sampling Procedure

Convenient random probability sampling was employed. Participants were selected and sensitized about the study and briefed about its purpose. Those that endorsed and consented to participate were sampled on the basis of first come, first serve.

### Data Collection Method

Data was collected using the questionnaire method of data collection. Data was prepared, pretested before the study, and ample time was provided to the respondents.

### Data collection tools

The data was collected using administered questionnaires that consisted of closed-ended questions.

Questionnaires were then distributed to the respondents. For those who were illiterate, structured interviews were used

where they were asked questions while the researcher filled in the responses.

### Data collection procedure

The study was carried out two weeks before the actual data collection and was done specifically to ascertain the availability of relevant materials, data, and people before the actual date reached.

A sample of five participants was interviewed, and necessary corrections were made on the questionnaire before the data collection.

### Selection criteria

#### Inclusion criteria

All bar attendants and all those with alcohol use disorders in Lukwanga town board who consented were sampled.

#### Exclusion criteria

All alcoholics in Lukwanga town board with critical or minor impairments and those who failed to consent were excluded from the study.

### Quality control

The quality of the research was assured through adjusting the questions after pre-testing, translating the questionnaire

to Luganda (local language), then back to English, and training of the research assistants before data collection.

### Data analysis and presentation

Data was cleaned, sorted, and checked for completeness. It was then entered into Microsoft Office.

It was presented in the form of tables, charts, and figures.

### Ethical Considerations

KSHS research committee approved the study and issued an introduction that was used for the introduction to the DHO Wakiso district.

Permission to conduct the study at Lukwanga town board was sought from the town's administrations. Informed consent was obtained from all selected respondents before administering the questionnaire, and confidentiality was maintained.

### Informed Consent

There was full disclosure; full comprehension, and respondents voluntarily consented to participate in the study.

## RESULTS

### Demographic data

**Table 1: Shows the distribution of respondents according to demographic data (N=100).**

Response	Frequency(f)	Percentage (%)
<b>Age</b>		
25-40	70	70
41- 60	30	30
<b>Tribe</b>		
Muganda	32	64
Munyankole	10	20
Acholi	4	4
Others	4	8
<b>Marital status</b>		
Single ever	10	10
married	60	60
Separated	22	22
Widow	8	8
<b>Denomination</b>		
Catholic	40	40
Anglican	30	30
Others	10	10
<b>Education level</b>		
None	4	4
Primary	10	10

Secondary	68	68
Tertiary	22	22

*Source: Primary data (2024)*

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From Table 1, most of the respondents (70%) were within the age bracket of 25-40 years, whereas the least (30%) were within the age bracket of 41-60 years.

The study results depicted that more than half of the respondents (70%) were Baganda by tribe, whereas the least (8%) were unidentified by tribe.

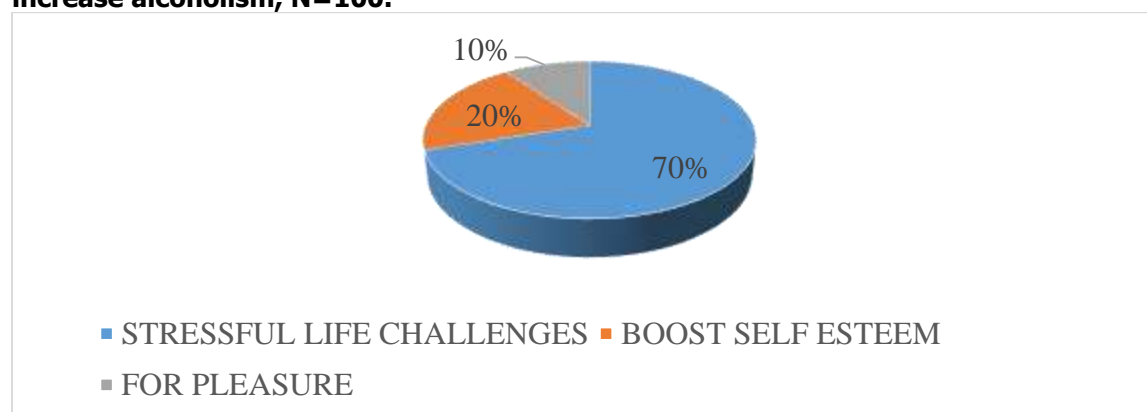
In regards to marital status, the majority of the respondents (60%) were married, whereas the minority (8%) were widows.

The study revealed that most of the respondents (40%) were Catholics by religion, whereas the least (12%) were under others without an identified religion.

Findings from the study showed that more than half of the respondents (68%) had attained a secondary level of education, whereas the least (4%) had never gone to school.

### Individual factors

**Figure 1: A pie chart showing the distribution of respondents on the factors that are likely to increase alcoholism, N=100.**

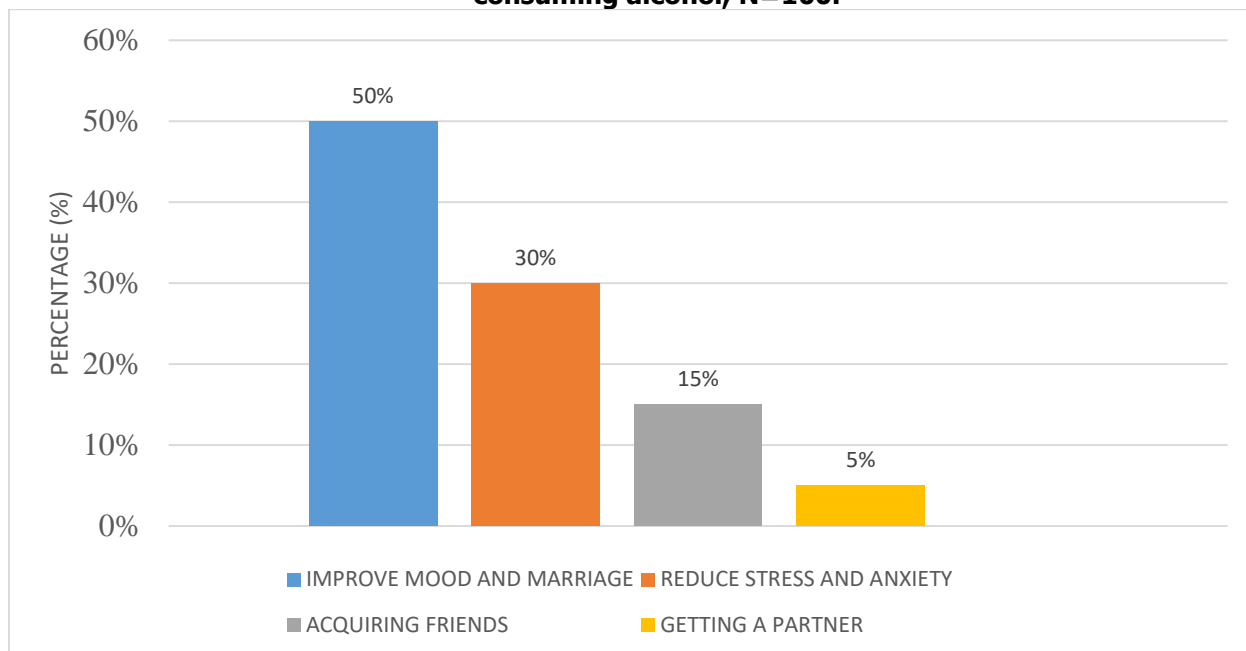


*Source: Primary data (2024).*

From Figure 1, the majority 70% resorted to drinking due to the stressful life challenges, and it was discovered that stress was aggravated by the loss of a loved one, divorce, anxiety, and other factors, which respondents concealed. 20% of the respondents drank alcohol primarily to boost their self-esteem. They confessed that if they were to indulge in any

social activity, sipping alcohol was an indisputable source of success. Whereas 10% of the respondents told me that they just took pleasure in doing it. When I probed to find out why, I found out that they were introduced to the substance at an early age, and they just did the drinking with pride.

**Figure 2: A bar graph showing respondent distribution on individual benefits gained from consuming alcohol, N=100.**

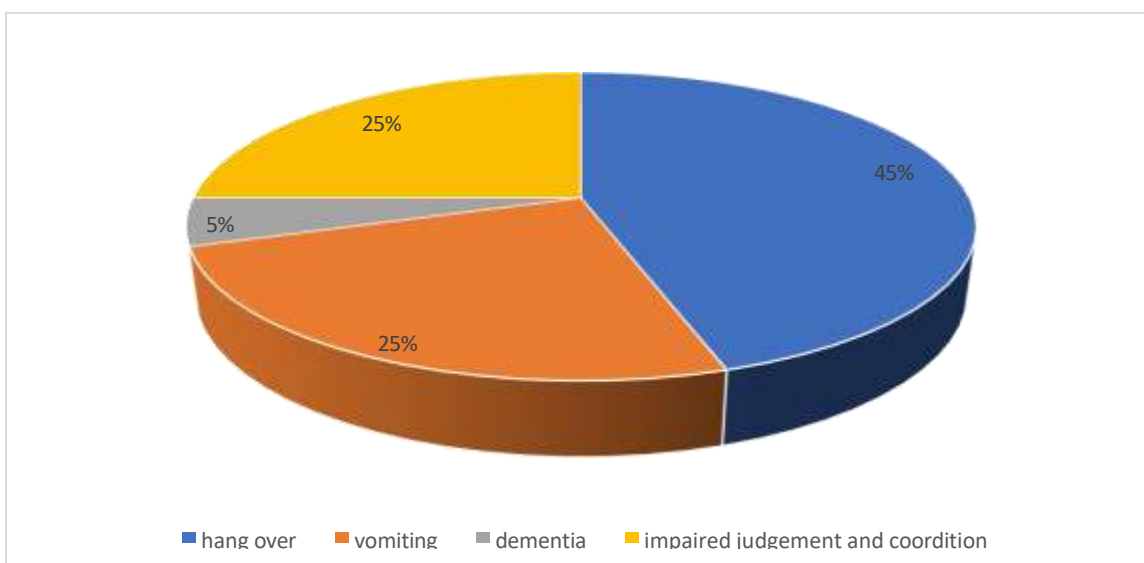


*Source: Primary data (2024)*

From Figure 2, out of the total sample of 100 respondents, 50% were found to resort to binge drinking to achieve an improved or elevated mood. While the least, 5%, were looking at the practice as a way of getting their soul mates

with whom they shared interests. Some confessed that they had acquired their partners from drinking places such as bars.

**Figure 3: A pie chart showing the distribution of respondents on challenges faced because of taking alcohol, N=100.**



*Source: Primary Data (2024)*

From Figure 3, 40% of the respondents highlighted a hangover as the main challenge they have always encountered after consuming alcohol. On the other hand, only 5% of the total sample of respondents had battled dementia and had tried to seek medication.

### Socio-economic Factors

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**Table 2: A table showing respondent distribution on socioeconomic factors that increase cases of alcoholism, N=100.**

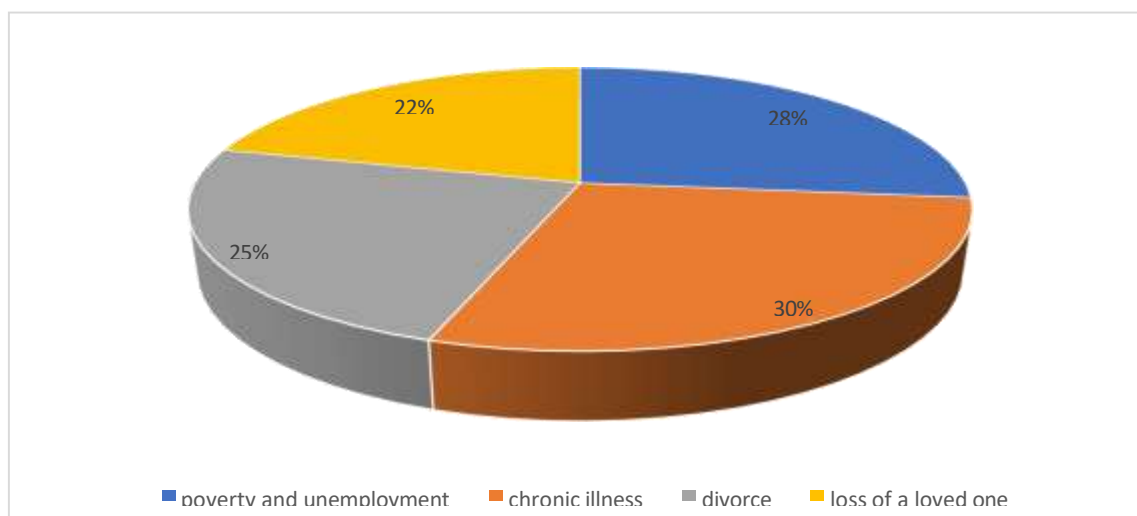
Category	Frequency	Percentage
Social isolation	40	40%
Economic inequality	30	30%
High cost of living	18	18%
Unstable employment	12	12%

*Source: Primary data (2024).*

From table 2, out of 100 respondents, 40% highlighted social isolation as a cardinal point of view that has always made people to resort to consuming alcohol whereas 12% of the

total sample of respondent revealed that it is the challenge of unstable employment that to some extent has increased the possibility of adults resorting to consuming alcohol.

**Figure 4: A pie chart showing respondent distribution on causes of social isolation that increases cases of alcoholism, N=100.**

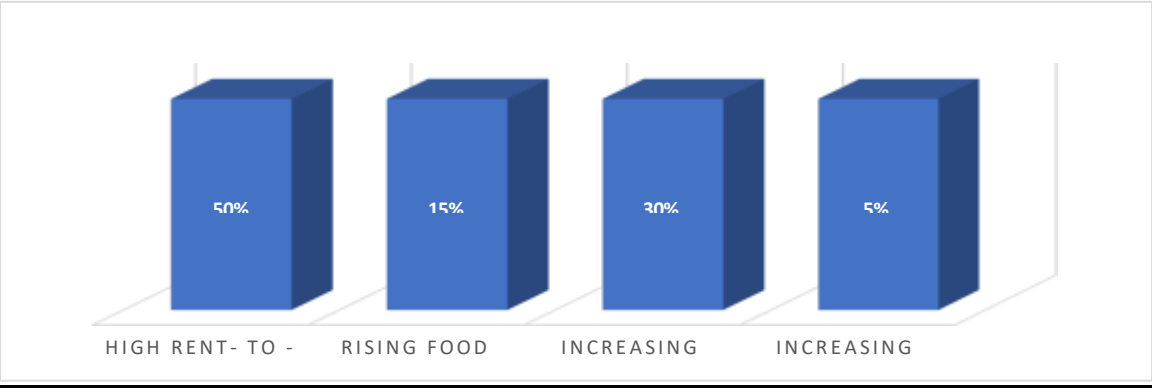


*Source: Primary data (2024)*

From Figure 4, out of the total sample of 100 respondents, 30% highlighted chronic illness as a main cause of social isolation. However, only 22% of the total sample of

respondents had revealed that the loss of a loved one could also lead to social isolation, leaving an individual with no option but to resort to consuming alcohol.

**Figure 5: A bar graph showing respondent distribution on indicators of high cost of living, N=100.**



Source: Primary data (2024).

From Figure 5, out of the total sample of 100 respondents, the majority, 50%, were in concord that a high rent-to-income ratio was cardinal in indicating the high cost of living. However, the minority 5% of the total sample of

respondents exhausted that increasing personal debt was an alarming indicator of high cost of living.

**Table 3: A table showing respondent distribution on other factors that increase alcoholism, N=100.**

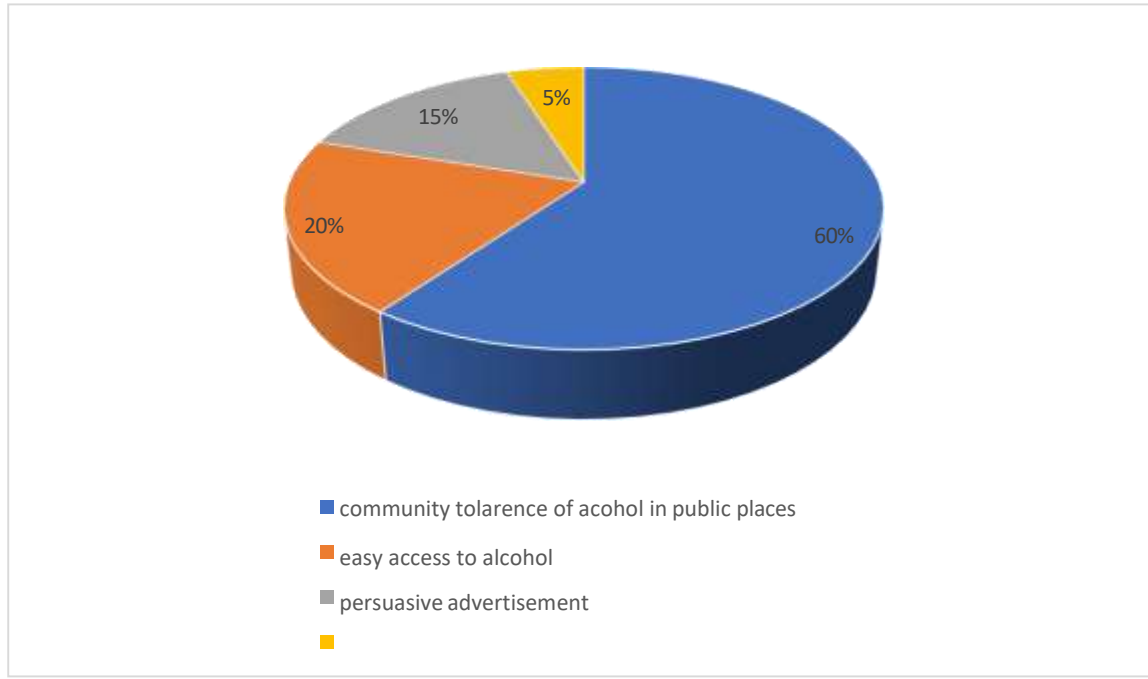
Category	Frequency	Percentage
Mental health disorders	50	50%
Coping mechanisms	30	30%
Lack of social support	20	20%

Source: Primary data (2024).

From Table 3, out of 100 respondents, the majority, 50%, said that mental health disorders also increased alcohol consumption. However, the minority, 20%, highlighted a lack of social support.

**Community factors**

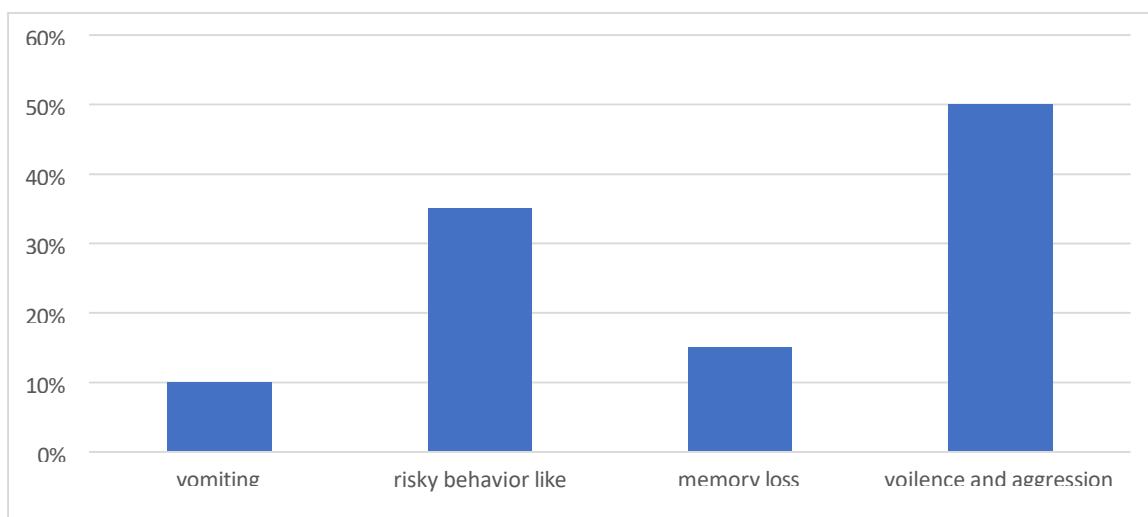
**Figure 6: A pie chart showing respondent distribution on community factors that have favored the increase in alcoholism, N=100.**



*Source: Primary data (2024).*

From figure 6, out of 100 respondents, the majority, 60%, said that community tolerance in public places also increased alcohol consumption. However, the minority 20% highlighted a lack of social support.

**Figure 7: A bar graph showing respondent distribution on remedies taken during alcohol intoxication, N=100.**



*Source: Primary data (2024)*

From Figure 7, out of the total sample of 100 respondents, the majority 50% said that alcohol consumption always culminated in violence and aggressive behavior. However, the minority 20% highlighted a lack of vomiting.

## DISCUSSION

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### **Individual factors contributing to the increasing cases of alcoholism among adults aged 25- 60 years in Lukwanga town board Wakiso district.**

The study revealed that the majority 70% drank due to stressful life challenges, and it was found that stress was aggravated by the loss of a loved one, divorce, anxiety, and other factors that respondents concealed. 20% of the respondents said that they drank alcohol primarily to boost their self-esteem. They confessed that to give a public speech, woo a woman, or if they were to indulge in any social activity, sipping alcohol was an indisputable source of success and this was in agreement with the study conducted by Wardell Jeffrey D, et al., 2020 about coping mechanisms from stress during the COVID-19 pandemic.

The study also revealed that out of 100 respondents, 50% were found to have binge-drunk to achieve an improved or elevated mood. While the least, 5%, were looking at the practice as a way of getting their soul mates with whom they have shared interests. Some confessed that they had acquired their partners from drinking places such as bars. This has ideally shielded people's attention from the many effects of alcohol such as liver cirrhosis, alcohol-related dementia increased risk of infections. It was fascinating and shocking at the time looking at the esteem, prestige, and dignity responses accorded to alcohol, it seemed as if they were born with it and this was in disagreement with a study conducted by Shao-Cheng Wang, et al., 2020 which associated alcoholism to cause depression.

The study also revealed that 40% highlighted hangover as the main challenge they have always encountered after consuming alcohol. On the other hand, only 5% of the total sample of respondents had battled dementia and had tried to seek medication. This was essentially aimed at delving into the problems associated with taking alcohol, knowing their magnitude, and then finding out how they affected its subscribers. It was also targeted to find out why, despite the encountered challenges, people still found it irresistible to partake in the psychoactive substance.

### **The socio-economic factors contributing to the increasing cases of alcoholism among adults aged 25 – 60 years in Lukwanga town board Wakiso district.**

From the study findings, 40% highlighted social isolation as a cardinal point of view that has always made people resort to consuming alcohol, whereas 12% of the total sample of

respondents revealed that it's the challenge of unstable employment that, to some extent, has increased the possibility of adults resorting to consuming alcohol. This was in agreement with the study conducted by Moose Rudolf H et al., 2018, which mentioned that spousal relationships that could cause social isolation would cause a drift in communication with other family members and subsequent alcoholism.

The study also revealed that 30% highlighted chronic illness as a cause of social isolation increased the practice of consuming alcohol, and only 22% of the total sample of respondents had revealed that the loss of a loved one could as well lead to social isolation leaving an individual with no option but to resort to consuming alcohol. This was in line with a study conducted during the COVID-19 pandemic by Probst Charlotte et al. (2020), which highlighted that terminating illness left most people hopeless and left them with minimum options, which left most of them spending their quality time indulging in consuming alcohol.

The study also found out that the majority 50% were in concord that a high rent-to-income ratio was cardinal in indicating the high cost of living. However, the minority 5% of the total sample of respondents said that the increasing personal debt was an alarming indicator of the high cost of living. This was in agreement with a study conducted by Probst Charlotte et al. (2020) about socioeconomic activities and low socioeconomic status.

### **Community factors contributing to the increasing cases of alcoholism among adults aged 25 – 60 years of age in Lukwanga town board Wakiso district.**

The study findings had it that out of the total sample of 100 respondents the majority, 60% said that community tolerance in public places also increased alcohol consumption, this was in line with a study conducted by Porthe Victoria, et al., 2021 that highlighted that adult and adolescent drinking was connected with community tolerance and perception about alcohol consumption.

The study also found that of the total sample of 100 respondents, the majority 50% said that alcohol consumption always culminated in violence and aggressive behavior. However, the minority 20% highlighted a lack of vomiting. This was in agreement with a study conducted by Lee et al. (2020), which highlighted that alcohol and marijuana, being psychoactive substances, were associated with numerous acute and long-term consequences.

## CONCLUSION

Specifically, the study delved into the individual, socioeconomic, and community factors that had favored the increasing cases of alcoholism in Lukwanga town board Wakiso district.

The study established that coping with stressful life challenges, achieving elevated mood, social isolation, high rent-to-income ratio, community tolerance of alcohol drinking, persuasive advertisement by brewing companies, and violence and aggression were the main findings of the study.

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Given these findings and, failure to cope with the increasingly high cost of living, people have ended up in a bad state, leaving them with minimal alternatives, and they therefore find refuge in consuming alcohol.

### RECOMMENDATION

Social support systems and services should be extended to the local people and provide psychosocial guidance in a way that diversifies tension and stress relief.

The local leaders and health workers should sensitize the people about the life-limiting factors associated with binge drinking, such as violence and aggression, which can easily culminate in loss of life or deformity.

Amicable means of mitigating the increasing cost of living, making it possible for the economically unstable to avoid life without too much difficulty that would make them vulnerable to the abuse of psychoactive substances and alcohol, should be derived.

The government should develop policies that hamper the unnecessary persuasive advertisement that has always intrigued the sense of exploration of even the most innocent people, turning them into addicts.

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I am very much obliged to take this privilege and express my sincere gratitude to the local council chairperson of Lukwanga for having allowed me to undertake this research and broaden my knowledge and research skill development.

### LIST OF ABBREVIATIONS

**WHO:** World Health Organization

**UAHEB:** Uganda Allied Health Examination Board

**KSHS:** Kampala school of health sciences

**Reg. No:** Registration number

**AUD:** Alcohol dependence use disorder

**SES:** Socioeconomic status

**BAC:** Blood alcohol concentration

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The study was not funded.

### CONFLICT OF INTEREST

The author declares no conflict of interest

### AUTHOR CONTRIBUTIONS

**MB-** Study developer, pretested research tools, Data collector, Data entry and analysis.

**CA-** Supervised the Study

### DATA AVAILABILITY

Data is available upon request.

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