

Qualitative Research in Uganda on Knowledge, Attitudes and Practices Concerning Alcohol

MARCH 2008

Prepared by Agatha Kafuko and Paul Bukuluki

For



Corporate agreement number 617-A-00-07-00005-00

Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
GENACIS	Gender, Alcohol and Culture International Study
FGD	Focus Group Discussion
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
UAC	Uganda AIDS Commission
UDHS	Uganda Demographic and Health Survey
WHO	World Health Organisation
Y.E.A.H	Young Empowered and Healthy

Table of Contents

Acronyms	i
Acknowledgments	iii
Executive Summary	iv
Chapter 1: Background and Methodology	1
1.0 Introduction	1
1.1 Background	1
1.2 Objectives of the Study	2
1.3 Study approach	2
Chapter 2: Literature Review.....	6
2.0 Introduction	6
2.1 Context and Causes of high alcohol consumption	6
Chapter 3: Knowledge and attitudes in relation to alcohol use and abuse	10
3.0 Introduction	10
3.1 Recognition of alcoholic beverages	10
3.3 Distinguishing between alcohol use and abuse.....	11
3.4 Effects of alcohol use	13
3.5 Knowledge of laws and cultural restrictions	18
3.6 Behavioural risks associated with alcohol use.....	21
3.3 Aspirations with regard to alcohol use behaviour.....	23
Chapter 4: Social Norms and Alcohol Use.....	24
4.1 Cultural and traditional norms that regulate alcohol drinking among young people	24
4.2 Cultural and traditional norms that regulate alcohol drinking among adults	25
4.3 Acceptable Drinking Practices for men and women	25
4.4 Perceptions of Normative Behaviour	26
Chapter 5: Practices and Key drivers of alcohol use.....	29
5.1 Reasons Young People Drink Alcohol.....	29
5.1.1 Social Reasons for Alcohol Drinking among young people.....	31
5.1.2 Therapeutic and Medical Reasons for Alcohol Use	33
5.1.3 Financial Reasons	36
5.2 Reasons for Alcohol Consumption among Adults.....	36
5.3 Types of Alcohol Young People Drink.....	36
5.4 Alcohol Accessibility Options for Young People and Adults	39
5.5 Places Young People and Adults Drink From	39
5.6 Alcohol and Gender Based Violence	41
5.7 Alcohol Use and Sexual Behaviour	42
Chapter 6: Social Support Structures to Regulate Alcohol Use.....	44
6.0 Introduction	44
6.1 Role of the family.....	44
6.2 Services are available in this community	45
6.3 Interventions by Government and CSOs	45
Chapter 7: Summary of Findings and Conclusions.....	47

Acknowledgments

Many people have been instrumental in the execution of this qualitative research on alcohol use among young people and adults in Uganda.

We thank Health Communication Partnership (HCP), the Afford Project and Young Empowered and Healthy (YEAH) for the guidance given towards the design and operationalisation of the study, the logistical, moral support and coordination of the field activities of the review team.

Special thanks also go to the research team that went out to the field to conduct the focus group discussions.

We are grateful to the community, individuals, politicians, and the mobilisers who willingly supported the study and mobilized community members at short notice.

Last but not least, we thank the United States President's Emergency Fund for AIDS Relief and the United States Agency for International Development for funding this study. We sincerely hope that the findings of the research will be beneficial to the Ugandan population.

Paul Bukuluki and Agatha Kafuko

Executive Summary

This report presents the findings of a qualitative study which comprised of 30 focus groups exploring the knowledge, attitudes and practices of adolescents (15-17 years), young people (18-24 years) and adults (25-35 years) towards alcohol in five districts namely; Lira, Nakasongola, Hoima, Soroti and Kampala. The study was aimed at finding out the knowledge, attitudes and practices of study participants in relation to alcohol use and abuse; identifying drivers of alcohol use and abuse; exploring the linkages between gender norms and alcohol use and abuse among study participants; finding out the linkages between alcohol use and risky sexual behaviour in Uganda; assessing the roles of existing social support structures and institutions that influence behaviour in relation to alcohol use and exploring study participants' perceptions about norms surrounding alcohol consumption.

According to focus group participants, there are a range of alcoholic beverages, including those that are brewed locally and those brewed in factories, in the study areas. Locally made brew included a wide range of products distilled and fermented from locally-produced crops. Drinks that had the ability to have an intoxicating effect regardless of the alcoholic content were considered to be alcohol. This also included beverages that were commonly consumed in homes. There was knowledge that different types of alcohol vary in their strength. Whereas this knowledge was locally available, the media was also acknowledged for its role in influencing respondents' knowledge.

Study participants were aware that alcohol could either be drunk in moderation or excessively to constitute abuse. Moderate use of alcohol was associated with the individual's ability to control themselves after drinking, to carry on one's work and domestic responsibilities and to know when to stop drinking. Those who drink alcohol but continue to function effectively in their roles were generally classified as users. On the other hand, those who appeared to have no control over their use of alcohol and displayed socially inappropriate behaviour while under the influence of alcohol are considered to be abusers of alcohol. Drinking behaviour that has a profound negative impact on the individual and their surrounding environment including friends and family was construed as abuse. Alcohol abuse was generally associated with the failure to control one's behaviour after drinking alcohol.

Study participants demonstrated some awareness of the short-term and long-term problems associated with excessive alcohol use. They were fully aware that alcohol use - and particularly, excessive use - could have a detrimental impact on an individual's health and quality of life. Participants were able to identify general health problems associated with excessive alcohol consumption. Social effects of alcohol abuse included domestic violence, strained family relations, perpetuation of alcohol abuse in the family. Study participants acknowledged that alcohol use causes financial strain by diverting money

which would have been used for essential domestic needs to alcohol. Alcohol was related to violence at the domestic and community levels.

There is generally limited knowledge about the laws on alcohol use. There is knowledge that young people below the age of 18 are not supposed to drink alcohol. Other elements of the law where some knowledge was demonstrated were drink-driving and opening hours for bars.

Study participants linked alcohol abuse risky sexual behaviour, disintegration of relationships, physical violence and accidents. Alcohol abuse was further associated with risky sexual behaviour including unprotected sex, casual sex, multiple sexual partners and sexual violence (rape) among both women and men. Alcohol was associated with breakdown in communication and affecting relationships. Participants observed that alcohol was likely to cause deep misunderstandings and lead to communication problems, which sometimes culminate into separation. Alcohol use was linked to accidents. People who drink alcohol are more likely to be involved in accidents, both at home and outside the home.

There are various influences that lead people into drinking alcohol. These include the environment in which children are nurtured, peer pressure, social events, and inadequate parental controls. The home environment in which the child is raised was named as having an influence on their alcohol use behaviour later in life. Children who grow up in homes where alcohol is brewed and sold will most likely use it when they are grown. Parents have a major role in influencing alcohol use among their children. Children whose parents used and abused alcohol were also likely to copy this behaviour when they grew up. The media was a major influence on alcohol use among young people. Social events and celebrations such as weddings and funerals where alcohol is likely to be served provide young people with an opportunity to access alcohol. Alcohol plays a central role in social celebrations. It features prominently at marriage ceremonies, funeral and graduation parties. Both young people and adults drink alcohol due to diverse reasons including peer pressure, the need to prove their masculinity, as a coping strategy for stress and an escape for problems; to overcome idleness and boredom; to stimulate their brains; as a medicine or as an addiction. Alcohol was also used because it is cheap and easily accessible

With regard to the linkage between gender norms and alcohol use, the study found that the existing gender norms largely influence the drinking habits of men and women. In fact, most social norms to regulate the use of alcohol tend to be gendered. There are varied social expectations for alcohol use behaviour for men and women. It is generally agreeable for men to consume strong drinks and to have their drink anywhere. Women on the other hand are not expected to have strong drinks or drink away from their homes. Boys generally begin to drink at an earlier age than the girls. While use of alcohol among young boys was linked to masculinity, among girls it was associated with lack of respect. While

it is acceptable for older women to drink, they are expected to do so in the evening after completing their domestic chores.

Alcohol use lowers inhibitions and gives people the boldness to do what they would not ordinarily do. Both men and women were seen as likely to sleep with someone they would not have slept with if they had not taken alcohol. Participants indicated that people are less likely to use condoms while under the influence of alcohol. They recognised that this was a potential driver for HIV infection. Alcohol use increases the risk of sexual assault. Among the perpetrators, who were usually reported to be male, drinking reduces inhibitions against socially unacceptable behaviour and allows them to attribute responsibility for their behaviour to alcohol. On the victims part (usually women), alcohol impairs alertness and judgment about high-risk companions or situations. Women who drink alcohol are perceived as more sexually accessible.

The study found that the family almost single-handedly presented the only formidable social infrastructure to influence behaviour in relation to alcohol abuse. The family plays a role in counselling and advising young people about alcohol use. Young people were given other tasks at the family level in an attempt to quell boredom which could easily drive them to alcohol. Parents also encourage their children to participate in church and other community activities, where they think children will be protected. This notwithstanding, the findings also show that family was sometimes responsible for alcohol use and abuse among young people by introducing it to them and not imposing restrictions to limit their access. There were reports that the church played a role of providing preventive and rehabilitative services. The study however never explored the nature of services or programs provided by the church

The study found that alcohol is widely used by young people and adults in the study area. Both locally-brewed and factory-made brews were consumed by the population. Young people use alcohol as part of their leisure time activities. They drink alcohol so as to get drunk and have fun, as an escape from stress, and as a socialisation agent. Alcohol is mixed with other substances in order to make it strong.

The drinking behaviour of young people and adults in the study areas poses potential risks for them in relation to their sexual behaviour as well as in relationships with peers and significant others. Although participants are aware of the risks associated with alcohol, they appear to be unable to stop the practice of alcohol use. Alcohol remains a major part of social life, even though the majority aspire not to use it.

Social norms to regulate alcohol use are openly violated. There are no visible sanctions to deter the population from violating social norms. This could be an indication of a growing trend of permissiveness among the community in relation to alcohol use.

Chapter 1: Background and Methodology

1.0 Introduction

This report presents the findings of a qualitative research on the knowledge, attitudes and practices of young people and adults in 5 districts of Uganda. The study was commissioned by Health Communication Partnership (HCP), the Afford Project, and Young Empowered and Healthy (Y.E.A.H), a national multi-channel communication initiative by and for young people 15-24 years old in Uganda.

Y.E.A.H works under the auspices of the Uganda AIDS Commission (UAC) and with technical assistance from HCP. During 2007/8, Y.E.A.H will focus attention on alcohol use. As such, the findings of this research will be use to inform the design of a communication strategy to address alcohol abuse among young people in Uganda. At the same time, the Afford Project is planning to design a communication campaign for adults to encourage more responsible drinking. This research will help to inform the design of that campaign as well.

1.1 Background

The WHO Global Status Report on Alcohol released in 2004 showed 19.47 litres of pure alcohol are consumed in Uganda 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 the leading consumer of alcohol among 189 WHO member states (WHO 2004).

The Demographic and Health Survey (2001) indicated that one in 4 women and one in 2 men consumed alcohol at least once in the previous 30 days. A study on Gender Alcohol and Culture (2003) found that 47% of the respondents drank alcohol, with 55% of the drinkers being men and 40% being women. Men were more likely to be long-term drinkers compared to women. Among the drinkers, 40% of men and 20% of women were considered heavy drinkers (WHO 2004; Tumwesigye and Kasirye 2005).

A Global School-based Student Health Survey conducted earlier in 2003 showed that 12.8% of the students aged 13-15 had at least one drink containing alcohol on one or more days during the past 30 days. 15.2% of the students indicated that they had drunk heavily on one or more occasion in their lives. 21% had experienced a hangover, felt sick, got into trouble with family/friends, missed school or got into fights as a result of drinking alcohol at least once. Tapousiz D (1994) observed that out-of-school young men tend to drink more than those in school. However specific statistics comparing the two groups is currently unavailable.

A literature review commissioned by Y.E.A.H in 2007 on alcohol use in Uganda, showed that alcohol is widely abused by both young men and women. The review however identified gaps with regard to attitudes, knowledge and specific practices involved in alcohol use among young people. The review also identified knowledge gaps in the

relationship between alcohol and sexual behaviour. As recent research indicates that alcohol consumption is a serious contributor to HIV infection, especially among young men.

This qualitative research therefore seeks to provide information on young people's and adult's knowledge about alcohol use and abuse and how alcohol affects the human body, attitudes and practices of young people in relation to alcohol use and abuse. The information generated by the research will be used to inform the design and messages of communications strategies aimed at reducing alcohol abuse among both young people and adults in Uganda.

1.2 Objectives of the Study

This research was commissioned by the HCP, the Afford Project, and Y.E.A.H to obtain information on knowledge, attitudes and practices with regard to alcohol use and abuse in order to inform the design of communications strategies targeting young people and adults. The findings of this study will provide information to guide message development, channel selection and audience targeting. The study specific objectives were as follows:

- To find out the knowledge, attitudes and practices of the young people in relation to alcohol use and abuse
- To identify drivers of alcohol use and abuse among the young people
- To explore the linkages between gender norms and alcohol use and abuse among young people
- To find out the linkages between alcohol use and risky sexual behaviour among young people in Uganda
- To establish and assess the roles of existing social support structures and institutions that influence behaviour of young people in relation to alcohol abuse
- To explore young people's perceptions about norms of consumption among their peers

1.3 Study approach

This was a qualitative study which was comprised of a series of focus groups exploring the knowledge, attitudes and practices of adolescents (15-17), young people (18-24 years of age) and adults (25-35) towards alcohol. In order to get a broad cross-section of opinion, the groups were recruited from 5 different regions. Selection of these regions was based on the UDHS statistics, which indicated that young people in the regions are most likely to engage in high-risk sexual behaviour after consumption of alcohol. One district was selected from each of these regions; the districts were Lira, Nakasongola, Hoima, Soroti and Kampala. Fifteen groups were undertaken with women and fifteen with men, making a total of 30. The groups were segmented on the basis of sex and age as it was thought that men and women might have different attitudes towards alcohol consumption and different views in relation to perceptions of 'risky' behaviour, and of the role of alcohol in relation to sexual behaviour, domestic violence as well as families and relationships. Generally speaking, effective and successful focus groups tend to depend

on a degree of homogeneity among group participants. Participants were identified and mobilized by a community resource person. The final selection was done by the field team with the use of a screening tool (provided as Appendix B).

Moderators received four days of training and practice in focus group techniques. Special care was taken to brief them thoroughly on the objectives of the research, the constructive outcomes it would support, the importance of maintaining respect for the study participants and confidentiality. The field team also had opportunity to pre-test the translated tools, which provided them an opportunity to familiarize themselves with the tool before the actual field data collection.

Qualitative data collection

In February 2008, focus group discussions in the local language were conducted with 344 purposively selected young people and adults. Individual groups generally involved 9-15 participants and lasted approximately 120 minutes. A topic guide was devised, in consultation with HCP and YEAH, to provide some structure to the groups. Data collection was flexible to enable issues important to participants to emerge. Each group was facilitated by a moderator, who guided the discussion and a note-taker who recorded the discussion. The discussions were also recorded on tape with the participant’s consent. The respondents were informed about the confidential nature of the groups and that no one but the researchers would have access to any data that might identify them. Once consent had been obtained, all focus groups were tape-recorded. A copy of the topic guide is provided as Appendix A. The matrix below shows the details of the FGD conducted.

Matrix 1: Location, Composition and Size of Focus Group Discussions

District	Sub-county	Study Site	Focus Group Category	Number
Hoima	Buhanika	Bararu	Married Men 25-35	12
			Married Women (25-35)	12
			Unmarried girls (15-17)	10
	Kyabigambire	Kyohoro	Married Men (18-24)	12
			Unmarried boys (15-17)	12
			Married Women (18-24)	12
Nakasongola	Kakooge	Kabale	Unmarried Men (18-24)	12
			Unmarried Men (15-17)	12
			Unmarried Women (15-17)	10
			Married women (25-35)	12
	Kalongo		Married women (18-24)	10
			Married Men (25-35)	12
Lira	Amaachi	Adyaaka/Diipa	Married Women (15-17)	12
			Married and unmarried Women (25-35)	12
			Unmarried men (15-17)	10
		Gomi	Unmarried Women (18-24)	13
		Olil	Married Men (18-24)	8

			Married and unmarried men (25-35)	12
Soroti	Asuret	Obule parish/Omukunyo village	Male (15-17)	12
			Male (18-24)	10
			Male (25-35)	14
			Women (15-17)	12
			Women (18-24)	15
			Women (25-35)	11
Kampala	Lubaga	Namugoona	Boys 15-17	9
			Men 18-24	11
			Girls 15-17	12
			Women 18-24	12
	Makindye	Gaba	Men 25-25	9
			Women 25-35	12
			Total no of respondents	344

Analysis and presentation of data

The notes from the interviews were entered into Microsoft Word. The audiotapes were used to confirm and expand upon the notes. The notes were transcribed in English. The analysis of the data was conducted using a matrix approach, which examined the data thematically.

Structure of the report

Chapter 1 presents the background and outlines the methodology adopted

Chapter 2 presents a review of relevant literature

The findings of the study and key issues emerging from the discussion groups are presented and discussed in 4 different chapters under the following headings:

Chapter 3: Knowledge and attitudes in relation to alcohol use and abuse

Chapter 4: Social Norms and Alcohol use

Chapter 5: Practices and Key drivers of alcohol use

Chapter 6: Social Support structures to regulate alcohol use

Chapter 7 presents a summary of the study findings and conclusions

Copies of the Topic Guide and recruitment materials are included as appendices. Also attached to the report as an appendix is a sample of a body map drawn in one of the group discussions.

Chapter 2: Literature Review

2.0 Introduction

Alcohol use in Uganda is quite often regarded as a social requirement. Alcohol is a central part of social and cultural events such as death, birth, and marriage and circumcision ceremonies. Alcoholic beverages are widely consumed by all people; male and female, young and old. Alcohol has however been associated with increased risks for HIV infection particularly among young people. A study in the United States (Gary 2002) found that young adults who use alcohol are seven times more likely than non-drinkers to have sex, while illicit substance users are five times more likely.

2.1 Context and Causes of high alcohol consumption

The consumption of alcoholic beverages has a long history in Uganda dating back to the pre-colonial period. Alcohol was produced for purposes of ritual and communal associations. Beer was not drunk at any time but only during clearly defined social and ritual occasions mostly during harvesting, funerals, weddings and cleansing ceremonies. The consumption of alcohol was the preserve of elders and men. It was less common among youth and women (Rutabajuka 1992 cited in Tumwesigye and Kasirye 2004). Boys would only be allowed to drink alcohol on attaining maturity and this was after marriage. There was clear division of labour between sexes in the production and consumption of alcohol. The production, consumption and distribution of locally made alcohol were controlled primarily by chieftdom elites.

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

Today, alcohol is a major source of income for households in Uganda. Brewing and distilling of alcohol is also an accepted economic activity by the general population. In a study carried out in districts of Kabarole, Tororo and Gulu, It was found that drinking is central to the economy and social life of the family and community (Topouzis D 1994). Nearly all alcohol is home-made and is a substantial source of cash income for many households. The money raised caters for school fees and day-to-day home expenses. Poverty and lack of income generating activities for women are the principal reasons for alcohol production. Such locally-produced beverages include beers with alcoholic content ranging from 10-20% and spirits whose alcohol content ranges from 30-70 and which also contain other toxic impurities (Tumwesigye and Kasirye 2004). Locally-produced alcohol is inexpensive to manufacture. As such, local and home-made brews are cheaper than factory-made beverages. Therefore factory-made beer is mainly consumed in the urban areas by people who can afford the higher price, while the locally produced and home-

made brews predominate in rural areas, although they are also consumed in urban areas by low-income earners (Tumwesigye and Kasirye 2004).

The Gender, Alcohol and Culture International Study (GENACIS) indicates that 81 percent of drinkers consume alcohol at parties and 69% in bars. The places or times when most respondents rarely drink are workplaces (88.8%), during working hours (85.7%) and restaurants (77.5%). Men that drink from bars are likely to be weekly clients (46.8%) compared to those who drank in other places. Among the women, those who drink at home are more likely (20%) to drink weekly. The most common companions for men when taking alcohol were friends and workmates, while for women they were friends and family members. Workmates were the second most common (31%) weekly companion for men, while for women it was spouses/partners (14.2%). Two-thirds of the men drank during the evening while half drank during evenings on weekdays. A small proportion (3.3%) drank an hour before driving or during the day on weekdays (17.6%). A similar pattern was observed among the women.

Men were more likely (40%) to be long-term drinkers than women (24%). A third of the respondents drank alcohol nearly daily. Forty five percent of males and a third of the females drank daily. Men, as expected, were more long-term drinkers and at the same time more frequent and heavier drinkers compared to women. What is new in the patterns of drinking is that among young people, women were more likely to be current drinkers than men. This is a sign that women might be changing the traditional pattern of alcohol consumption; this is supported by earlier findings (Mulimbura, 1977). The literature however does not indicate the contexts in which women are likely to drink and reasons for this behaviour.

There is lack of a clear alcohol policy. The commercial sale of traditionally produced spirits is regulated by the Liquor-licensing Act of 1964 which forbids the sale and consumption of crude waragi (local potent). The Act forbids unlicensed Enguli manufacturing and distilling. Any one selling or consuming crude waragi is committing an offence. This law is outdated, weak and rarely, if ever, enforced. Most households produce some alcohol, at least intermittently for home consumption. Legal enforcement of laws against alcohol production is weak, in part because police and Local Councils are sometimes among the brewers or alcohol customers (Barton T & Wamai G 1994). There is no law to regulate alcohol producers from unfair advertisement. A lot of advertising revenue in the media, both electronic and print, and support to sports is mainly from advertisements from the breweries. Consumption of factory beer is mainly from urban dwellers and brand switching is limited by factors that include price, benefits of alcohol content, friends, other entertainment including hosting local and outside musicians, family members, income bracket, past experience and advertising (Tumwesigye and Kasirye 2004)

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

Extent and nature of the problems associated with alcohol use

Despite the scarcity of comprehensive data on alcohol use and problems in Uganda, there is evidence to suggest that alcohol use is widespread in the country. Consumption of alcohol as such is not problematic. Of great concern, however, is the evidence that suggests that large numbers of Ugandans do not use alcohol in a responsible way. GENACIS provides some indications of alcohol abuse in Uganda. One third of the drinkers said they drank nearly daily or more often. 40 percent and 20 percent of the women who were drinkers reported they were heavy drinkers. Heavy drinking is a pattern of drinking that exceeds some standard of moderate drinking. This could be defined in terms of exceeding a certain daily volume or quantity per drinking occasion, or daily drinking.

A study on alcohol use in the Uganda Police indicated that 177 officers had been admitted to Butabika Hospital due to alcohol-related problems from 1992 to 2002. On average, 12 police officers per 1000 were admitted to the mental hospital per annum from an estimated population of 14,000. During the early part of 2002, at least 350 police officers were implicated in alcohol-related disciplinary problems (Ovuga and Madrama 2006). In the same study 73 percent of the respondents had used alcohol at least once in their lifetimes, and 64 percent reported that they currently used alcohol. The majority of respondents started the use of alcohol in the age bracket 15–19 years, but 8 percent began alcohol use before the age of 10 years. The results showed that in the police force, 19 percent of the respondents reported the experience of symptoms of alcohol dependence using the AUDIT method. Twenty six percent of the respondents reported that they experienced psychosocial problems related to alcohol use, and 10 percent reported that their health was poor. The use of alcohol by police men was associated with poor health, absenteeism and more days off work, inability to implement personal plans and projects, lack of sources of extra income, less satisfaction with work, inability to save from monthly income, and disciplinary problems.

Harm to one's finances, poor health and loss of relationships were the common consequences of alcohol. The prevalence of social (66%) and health consequences (50%) among current drinkers were high, the most common consequences of alcohol consumption being psychological harm and marital problems. The proportion of people who quarrel after drinking was high, probably due to loss of self-restraint after drinking alcohol. In addition, the high prevalence of quarrelling is not surprising since the frequency of alcohol consumption is high especially among men at 45% daily (GENACIS). Available research indicates a relationship between alcohol use and sexual

and gender-based violence. In a study on sexual and gender based violence (SGBV) in war-affected communities in northern Uganda, 69 percent of the women interviewed reported that men performed acts of SGBV when drunk (MOH, 2007).

A husband's alcohol consumption and particularly how often he gets drunk are associated with spousal violence (UDHS, 2006). 87 percent of women whose husbands get drunk 'very often reported' that they experienced emotional, physical and sexual violence, compared with 71 percent of those whose husbands get drunk 'sometimes' and 53 percent of those whose husbands drink, but do not get drunk (UDHS, 2006).

Chapter 3: Knowledge and attitudes in relation to alcohol use and abuse

3.0 Introduction

This chapter presents the study findings on participants' knowledge and attitudes towards alcohol. It presents participants views on what alcohol is and their understanding of alcohol use and abuse. It also discusses participants' perceptions of the positive and negative aspects of alcohol, including the behavioural risks and other alcohol-related issues emerging from the discussion groups. There was generally a high level of consensus across the different age groups in relation to views on alcohol and the problems associated with alcohol. However, there were some key differences and these are highlighted in the following discussion.

3.1 Recognition of alcoholic beverages

The group discussions began with a general discussion on the types of drinks consumed by participants and their peers, and which of these were considered alcoholic and non-alcoholic. Although some non-alcoholic beverages were in some instances mentioned, the group discussions tended to generate alcoholic beverages. A range of alcoholic drinks, including those that are brewed locally and those brewed in factories, were identified in all groups, with the exception of the group of young females (15-17 years) in Kampala, who only mentioned factory-made brews.

Locally-made brew included a wide range of products distilled and fermented using locally-produced foods such as corn, bananas, millet and sorghum. The local brews are similar in the various locations where the study was conducted. They are brewed and fermented using the same ingredients and the same processes. The differences lie in the local names given to them, which vary from place to place. The table below shows the names of the various beverages identified.

Name	Meaning and ingredients
Ajabajaba	Freshly heated maize flour mixed with liquor
Ajon/Malwa/kongo/abasohi	Millet beer
Busheera	Millet wine
Kalire	Banana fermented without sorghum
Kasese/mandule/arege	High alcoholic content-liquor scudprocessed-sugar with bananas
Kikulu/Kaliga	A cocktail of banana wine and liquor
Kwete	Maize beer
Lira-Lira/lujutu	Low alcoholic content liquor-distilled from cassava
Mbege	Banana and millet ferment
Munanasi	Pineapple wine
Ting	A residue from cassava liquor, with low alcoholic content
Tonto/Bwakata/mwenge	Banana Wine with sorghum

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

An alcoholic drink makes us drunk. It changes our brains. A person changes moods, begins to over talk, loses shyness and becomes so bold. You may not have been able to con girls but now you start. You are harsh to your brothers and you want to fight (Male Adolescent, Nakasongola)

Participants recognise that different types of alcohol vary in strength. The strength of an alcoholic beverage is reflected in its ability to quickly have an intoxicating effect on a person who has drunk it. There are some beverages that are commonly consumed in the home, which ferment and turn alcoholic after a few days. Such beverages are not considered to be alcohol when they are freshly made. They are widely consumed in households, by children and members of religious groups like the Moslems and born again Christians, whose beliefs prohibit alcohol consumption. This is because at that point, they do not have an intoxicating effect. These include *ekinansi* (pineapple drink, common in the central region) and *busheera* (millet porridge unique to the western region of the country). However, when such beverages are left to ferment after a few days, they are regarded as alcoholic beverages.

Porridge is also alcohol. It gets fermented. They put millet in it and it turns alcoholic...although we mostly consider porridge to be a drink for the born-again Christians (Young Woman, Hoima)

Distilled drinks such as waragi, a local gin were perceived to be stronger than the fermented drinks. The fermented drinks have stages of growth; their strength depends on the level of growth. In the younger stages, fermented drinks have very low alcoholic content, and may have a slow intoxicating effect. However, when kept longer, they ferment more and ultimately become strong alcoholic beverages.

When kwete is still new or young, it may not have much effect but after some time, it gets tough and can get you very drunk (Female adolescents, Nakasongola)

3.3 Distinguishing between alcohol use and abuse

The state of being drunk is good; it makes you forget most of the problems and you feel good being like that... but after some time of repetitive drinking, a person becomes addicted. There are people, who neither sleep, nor do anything without first taking alcohol (Young man, Kampala)

The above quotation which was captured with a man's groups discussion in Kampala, clearly illustrates the understanding that alcohol use can potentially turn into alcohol dependency and abuse. The study was aimed at documenting participants' knowledge of alcohol use and abuse. The study participants were given a scenario that depicted three individuals, with varying different drinking habits. A discussion ensued around the behaviour of these individuals which helped the researchers to gain insight into participants' perceptions of alcohol use and abuse. This also helped the participants to clarify the distinction between alcohol use and abuse. There was a common understanding of alcohol use and abuse among all the group discussions, across the different age groups.

Alcohol use and abuse was conceived upon use habits and associated consequences. The time when a person had a drink was an important indication of use or abuse. Drinking during working hours and spending a lot of time at the drinking place or bar was conceived as abuse. Heavy financial expenditure on alcohol was regarded as abuse. Drinking in moderation and the ability to control ones self after drinking was considered to be alcohol use, not abuse. The use of alcohol while at the same time being able to carry on one's work and domestic responsibilities was seen as ideal alcohol use. Alcohol use was also linked to the ability to know when to stop drinking. Those who drink alcohol but continue to function effectively in their roles are users. Alcohol use was also regarded as useful for purposes of socialisation with friends.

At least the one who uses alcohol will have time for his family because he will always be at home and not in the drinking joint. I support that kind of drinking because he goes to socialise with his friends (Young women, Soroti)

On the other hand, those who seem to have no control over their use of alcohol and who display inappropriate behaviour are considered to be abusers of alcohol. Generally, definitions and perceptions of alcohol use and abuse are located around the social, financial and health implications that alcohol has on an individual and his environment. Those who used alcohol, but did not incur any negative social, financial or health harm to themselves or others were users. On the other hand, those who incurred harm were considered to be abusers.

Alcohol abuse was linked to drinking too much alcohol as well as the immediate and long-term effects of alcohol on an individual drinker and his environment. Although abuse was construed as drinking too much alcohol, the study was limited in that it did not generate data on how much alcohol was considered to be too much. Instead qualitative assessment was made with regard to the consequences of alcohol consumption. Generally, participants considered drinking behaviour that has a profound negative impact on the individual and the surrounding environment including friends and family to be abuse. Alcohol abuse was generally associated to the failure to control one's behaviour after drinking alcohol. The short-term effects that were identified include socially-inappropriate behaviour such as loose talk including the use of vulgar and foul language with disregard of the environment, urinating and defecating in one's clothes, vomiting,

undressing in public view, domestic violence, failure to meet one's domestic and work obligations, failure to take care of one's physical needs including the inability to eat food and inability to know when to stop drinking. The long-term effects that depict alcohol abuse include the loss of respect from the rest of the community who consider the abuser to be a disgrace, as well as health complications.

Alcohol use and abuse were also construed from the financial perspective. Alcohol use was also associated with the ability to make responsible decisions about expenditure. Participants reported that alcohol users only spend a small proportion of their income on alcohol and are able to meet the needs of their families. On the other hand, spending a lot of money on alcohol and being unable to meet the basic needs of the family was regarded as abuse. However those who drank a lot of alcohol, but were able to take care of their domestic obligations were not perceived as abusers, except if they engaged in other inappropriate behaviour.

Alcohol use is when one who drinks but has some property to show out of his sweat. One who drinks but he is loved in the community, he has a sense of responsibility and limits expenditure on alcohol. One who drinks but has a vision, future plans for example builds houses. One who leaves home with a budget of what is to be spent on alcohol. But with abuse, a person drinks all his money. A person like that cannot develop at all. All the money is committed to drinking and he has no valuable assets at all. He cannot plan and budget. Even if he gets a lot of money, he will spend it on alcohol and his family is left to suffer (Young men, Nakasongola)

The data shows that there is uniform understanding of what constitutes alcohol use and abuse among all the age groups in the study areas. Alcohol use was simply the use of alcohol, without the manifestation of undesirable consequences, while abuse was associated with undesirable social, financial and health consequences. To the study participants, understanding of abuse was limited to destructive and unrestrained drinking which resulted into failure to work, ignoring responsibilities, squandering money, and engaging in other harmful behaviours such as fighting, domestic violence and risky sex.

3.4 Effects of alcohol use

It was common for participants to focus on short-term problems and effects of alcohol consumption. When asked about the effects of alcohol, they generally referred to the feelings or experiences either at the time of drinking or shortly afterwards. Study participants however, also demonstrated some awareness of the long-term problems associated with excessive alcohol use, particularly in reference to health.

Relaxation

One of the short term effects identified in the study was relaxation. Alcohol was associated with its ability to offer some form of relaxation. It was observed that alcohol had a positive effect on people's moods and helped them to reduce stress. Alcohol offered temporary relief from problems. Participants reported that if one drank under the pressure of problems, the alcohol would help them forget. Alcohol was also a major ingredient in relaxation, and leisure. It enabled people to have fun and loosen up. All the

group discussions acknowledged that alcohol had a relaxation effect on those who consumed it.

Impact on physical and mental health

Respondents were fully aware that alcohol use - and particularly, excessive use – could have a detrimental impact on an individual’s health and quality of life. Participants were able to identify general health problems associated with excessive alcohol consumption. With the use of a body map, participants identified diseases that could potentially result from excessive alcohol use. The brain was identified in 26 group discussions as a part of the body that could be negatively affected by alcohol. The effect of alcohol on the brain was associated with memory loss, mental illness, cancer and inability to think and act coherently and independently. Other diseases attributed to alcohol included lung disease, heart disease, red eyes and lips, liver disease, darkening feet, nerve problems exhibited by uncontrollable trembling, loss of appetite and corresponding weight loss. The study was however limited to identification of body parts that were affected by alcohol and the corresponding illnesses. Participants only plotted the body map and indicated diseases. Group discussions on knowledge of physical and health effects of alcohol were limited and did not explore participants’ understanding of symptoms and manifestations of the various diseases highlighted. The matrix below shows all the physical effects on the body that were identified in the various group discussions.

	15-17		18-24		25-35	
	Male	Female	Male	Female	Male	Female
Hoima	Red lips Red eyes Body injuries due to accidents Lung cancer Swollen cheeks General body weakness	Head: Brown curly hair Eyes: Red Lips: Red Brain: “sharp” Arms: wounded Heart: Burning sensations Cancer Injuries due to falling	Trembling limbs Weight loss Red lips Injury due to accidents Weight loss Cancer Hair loss Swollen cheeks	Red bloodshot eyes Wounds in the lungs Swollen cheeks Weight loss Hangover Red lips Trembling lips Thinning hair General body weakness Heart palpitations	Swollen cheeks Burned lungs Swollen legs Red lips Hair loss Trembling lips Impotence Weight loss Brain cells die Liver disease	Head: dizziness Brain: damage Eyes: Dry and red Lips: Red Cheeks: Swollen Throat: Has wounds Chest: Cough Lungs: have wounds or cancer Legs: swollen Whole body: thin
Lira	Kidney damage Injuries Mental problems	Chest pain Dehydration Anemia Mental illness Red eyes	Brain damage Weight loss Dehydration Loss of appetite	Red eyes Loss of appetite Death	Mental illness Injuries arising from accidents Liver disease	The brain stops thinking properly Injury due to falling Death Dehydration Red lips Loss of appetite Trembling lips

Kampala	Mental illness Heart disease Liver failure Injuries Premature death	Effects on the brain Lungs burnt with waragi Stomach up sets Miscarriages for pregnant women Weakened heart Red lips Red eyes Liver disease Black feet	Red lips Heart disease and failure Lung cancer Brain damage Liver disease Kidney disease Skin discoloration Dehydration Loss of sexual energy Red eyes Ulcers Thinning hair	Liver cancer Brain damage Memory loss Red lips Appendicitis Weakened knees Pain Darkened toes and nails Loss of body weight Loss of appetite Red eyes	Mental illnesses Liver complications Lung disease Red lips Mouth ulcers Loss of sexual energy Darkening fingers Red eyes Hair loss Loss of appetite	Red lips Holes in the lungs Trembling fingers Brain damage Liver cancer Heart palpitations High blood pressure
Soroti	Physical injuries leading to Scars, loss of teeth Brain HIV/AIDS Broken limbs Red eyes Smelling waragi (Bad body Odor) Body weakness (general) Loss of body weight	Brain damage Loss of appetite Weight loss	Flu always Damage in brain Red eyes Cracks on face Rough voice Teeth fall out Bad mouth odor Vomiting Hungry in big belly Broken limbs when they fall, injuries	Lungs, wounds Sore mouth Red eyes Loss of hearing Injuries\ Trembling Loss of balance Brain damage Liver damage Death	Red eye Lung damage Big cheeks Bad skin Brain damage Broken limb Liver problems Appendicitis weight loss Scratches on the face	Red eyes Burnt liver. Brain damage Body injuries from falling Throat damage Lung damages Loss of appetite Weight lost Swollen legs
Nakasongola	Lung cancer Headache Heart disease Red eyes, Weaker kidney hence urinates all the time, Brain cancer, Cough throat Joint diseases, T.B Throat tonsillitis Blood pressure	The brain-becomes mad Red teary eyes The heart/heart burn, palpitations Lung cancer The pancreas The mouth smells alcohol/yellow teeth Liver disease Trembling feet	Red lips joint diseases, brain damage lung cancer trembling limbs	The Brain gets dizzy, memory loss, mental illness Red eyes Thinning Hair Discolored skin Holes in the lungs Weak heart Reduced sexual power Dehydration Wasting	Big cheeks Soar throat and cough Liver damage Sweety feet Skin disease Red eyes Mouth ulcer Weight loss Brain damage.	Heart disease The brain/acts like a lunatic Red lips The lungs/wounds and cough The eyes The hair Loss of sexual power Peptic Ulcers Loss of appetite Weight loss Red eyes

Effects of Alcohol on the family

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

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

to disciplinary problems among the children. Parents who used alcohol did not have the moral authority to stop their children from drinking.

To me a family with drunkards usually also influences the young ones to drink a lot. They start at childhood drinking and such children begin at a very early age; maybe at one year and by the time they are seventeen, they are usually drunkards. The parents of such children do not have the wisdom to stop them from drinking. (Young men, Nakasongola)

Twenty four group discussions agreed that parents had an influence on alcohol use among their children. Among the 15-17 age groups, only one group for males in Lira did not acknowledge parental influence on drinking behaviour. There was universal acknowledge among the 18-24 age groups. Among the 25-35 age-group, there was a divided position on parental influence. Only half of the groups acknowledged parental influence. In the groups where parental influence was acknowledged, it was observed that children who grew up in homes where parents used alcohol in excess were likely to embrace this habit. Alcohol abuse was therefore likely to be perpetuated for generations within families.

Study participants also observed that alcohol-abusing parents were aggressive and quarrelsome towards their children and wives. This creates fear among the children and affects the relationship with their parents. Communication in families where the father was an alcohol abuser was broken down. Wives and children of male alcohol abusers tend to be afraid of them.

For a man who drinks heavily at home the wife worries all the time and the children dread him. When he returns from the bar, they all make themselves busy and scatter in different directions (Young women, Hoima)

The children fear their father because being drunk will make him aggressive and quarrelsome.....Children will not study well because they are not disciplined by their father who is always drinking (Young women, Soroti)

Over consumption of alcohol was also regarded as a cause of marital conflict. Men who drank a lot of alcohol were reported as unable to sexually satisfy their wives. Women group discussions indicated that alcohol reduced the sexual ability of men and hindered them from performing sexually. The continued absence of a spouse and the subsequent lack of basic provisions in the home were also reported to cause frustration among women. Men who abused alcohol were likely to spend a lot of time at drinking places, leaving their households without basic needs. The women were reported to feel neglected and sometimes suspected their husbands were involved in extramarital affairs. This was reported as likely to lead to quarrels in the home and eventually domestic violence. Among the adult age group (25-35) all the female groups reported this tendency, compared to half of the male groups. Among the young people (18-24) four out of five female groups reported this, while only the male group in Soroti observed this. Within the 15-17 age group, this was observed in two groups for females and one group for males. It is clear that neglect of women by alcohol abusing husbands is more felt by the women

themselves. It is also observed that women in the older age groups, who are may have had experiences with marriage are more likely to report this trend.

When he comes back home drunk, he does not satisfy his wife sexually (laughter from the group)..because over drinking makes one useless and unable to perform his or her duties (Young women, Soroti)

Financial Impact

One of the key problems participants associated with alcohol consumption was its financial impact. All the group discussions conducted identified heavy financial expenditure on alcohol as an effect of alcohol use. It was reported that families where an income earner drank alcohol regularly were at a risk of going without basic needs. Children in such families lacked scholastic materials, wore torn clothes and were generally disadvantaged compared to others. Women in the older age group were more emphatic than the others regarding consequences of expenditure of household income on alcohol. Even when men were not heavy drinkers, there was a concern that the use of alcohol was a threat to the family income. Alcohol was considered as a predictor for poverty in a family.

It is not good to drink because it may bring poverty at home since the money that would have been put for home use and development would have been diverted to drinking (Female young people 18-24 Soroti)

When a man knows that he has money he will go and spend if all in the bar. When it gets finished he comes back home and when you ask him for money he says he does not have and yet he spent it in the bar. When you give him the budget he has not money. But how come he cannot fail to get money for alcohol? (Adult Women, Nakasongola)

Interestingly the tone of the discussions on financial implications was more focused towards men, than women. This could be explained by the fact that traditionally, men are supposed to plan, make decisions and provide for their families. It was also observed that most women do not spend their own money on alcohol; there are always men who are willing to buy them drinks.

Alcohol and violence

Alcohol-related violence was discussed by group participants - both in relation to domestic violence and public violence in the community and in bars. Groups reported that individuals who abused alcohol were likely to engage in fights in bars and the community. One of the short term effects associated to excessive alcohol use was the tendency to get involved in fights. This was observed in all the group discussions.

After getting drunk you have nothing to fear. Your moods change and therefore can easily fight (Young men, Nakasongola)

Those who take alcohol and beat up other people. It is not rare to find a drunken man chasing others trying to beat innocent people (Adult Women, Hoima)

It would appear that people expect aggression where there is alcohol consumption. It was reported that people who intended to engage in violent acts drank to bolster their courage or in the hope of avoiding punishment for their violent behavior. There appears to be an underlying notion that one is not subject to the same rules when they are intoxicated as they are when sober. Violence was not limited to bars and public places; it extended to households. There were also concerns about the effects of violence on family life and relations within the community. Alcohol abuse was likely to result into gender based violence, particularly in marital relationships. Findings show that homes where a man or woman was an alcohol abuser were frequently characterized by gender based violence at the domestic level. Gender based violence was in most cases perpetrated by men, who were also the ones that were most likely to be the alcohol abusers. The study shows that physical violence was rampant at the domestic level. Alcohol abuse was associated with aggression and violent behaviour. Men were reported to carry canes for beating their wives and children. In some cases the violence results into death. Details on gender based violence are reported in the section on alcohol practices and key drivers in 5.6. Gender based violence resulting from alcohol use was associated with marital conflicts and breaking up of homes in all the group discussions.

Emotional Effects

There is a general lack of knowledge on the emotional effects of alcohol abuse. Only two groups of young men in Kampala and Soroti, identified emotional effects. These included fear and anxiety, confusion, loneliness, feelings of suicide and self pity. In Soroti, it was observed that people who drank alcohol excessively were shunned and isolated from the rest. They were stigmatized and often had negative feelings. The discussion indicated that the isolation was likely to result into suicidal tendencies.

.....they feel lonely and like outcasts. People who over drink may feel deserted take poison to kill themselves. They feel so sorry for themselves that others do not associate with them (18-24 male Soroti)

Alcoholics are never happy about their drinking habits when they are sober. I have a friend who regrets every bit of his time in a bar all the time he wakes up in the morning and reflects on what he want through the previous night he becomes guilty and promise him self that he will not go back to the bar that evening. When it comes to about 6.00 pm the urge overwhelms him and he goes but even at this level thinking that he will take only one beer and he goes home eventually one turns into two three until he goes on and on until pass midnight (young man, Kampala 18-24)

3.5 Knowledge of laws and cultural restrictions

The study explored participant's knowledge of legislation on alcohol use. Broadly speaking, participants had limited knowledge about the laws on alcohol use. In 15 groups, participants admitted that they had no knowledge at all of any alcohol-related legislation. Those who had knowledge reported it in 3 major aspects namely legal age for alcohol drinking, drink-driving and opening hours for bars. There were differences in the knowledge levels across the different age groups. Among the adolescents, only four groups had some knowledge of the law. Three of these groups were female groups and

one was for males. Knowledge of the law was most pronounced among the young people where seven groups reported knowledge. Four of these groups were with females and three with males. Among the adult groups (25-35) four groups reported knowledge of the law. Of these two were with women and two were with men. In this age group, only respondents in Kampala and Soroti expressed knowledge of the law.

Legal age of drinking

Participants seemed aware of the existence of a law that restricted alcohol consumption for persons below 18 years, although none was able to explicitly mention the specific act. Fourteen out of the fifteen groups where knowledge of the law was demonstrated mentioned the minimum age of admission. In Nakasongola districts, there were reports that the police often arrested underage people if they found them in bars. There was however no information on punitive or rehabilitative actions that were taken following such arrests. It was also not clear whether this knowledge had any influence on the drinking habits of young people. Among the adolescents, four groups mentioned the legal age, compared to seven groups among young people. Within the adult groups, three groups mentioned the legal age.

According to our Ugandan Laws, children below 18 years are not allowed to drink alcohol. In our community, policemen capture people below 18 if found in bars (Young woman, Soroti)

Although the study did not explore where and how knowledge on legal age for alcohol drinking was acquired, in two discussions specifically among adolescents in Nakasongola, and young people in Kampala, the participants reported that they had learned about this law, from labels on alcoholic drinks. Some people appeared to hold the notion that the brewing companies were responsible for imposing the restrictions on permissible age for alcohol consumption. In one group, there were questions regarding the relevance and the need to restrain young people from drinking alcohol. While participants were aware of the existence of a law that imposed age restrictions of alcohol use, there was lack of appreciation for the relevance of such a law. The law was interpreted as unfair and meant to deter young people from enjoying themselves. This perception was reported among the female adolescents in Nakasongola.

All brewing companies have a law which states that people below eighteen years are not allowed to drink (Young woman, Kampala)

It is those who brew alcohol that put this information on the bottles. Now like Bell, when you read, it says it should not be sold to persons under 18 years; and you ask yourself why they refuse us (Female adolescent, Nakasongola)

The lack of appreciation on why there are restrictions targeting the minors, coupled with inadequate enforcement of the law potentially renders the law ineffective. This brings to the fore, the need to sensitize the young population on the potential risks associated with

alcohol use as well as the reasons why young people should not engage in alcohol drinking, at an early age, with a view of delaying alcohol use.

Drunk driving

The knowledge of law restricting drinking and driving was not widespread. This was mentioned in only 4 focus group discussions with three concentrated in Kampala and one the other in Nakasongola. In Kampala, this knowledge was revealed in the young men's discussion and in the two discussions that were held with adults. This differed from Nakasongola where this knowledge was revealed in the discussion with female adolescents.

It appears that the recent media campaign about drink-driving has been useful in disseminating information and creating awareness that it is illegal to drink and drive.

There is a law which prohibits driving a vehicle under the influence of alcohol. I have ever seen billboards with messages 'alcohol and cars do not mix' (Young man, Kampala)

Opening hours

There was an awareness of some regulation on opening hours for bars among some sections of the study population. This awareness was not widespread and was reported in only four discussions. All age groups reported this knowledge including female adolescents in Lira, young men in Hoima and Kampala and adult women in Soroti. In Hoima, the young men revealed that there was a law regulating the opening hours for bars. They identified the media, specifically the radio as the source of this knowledge. However the discussion was not clear on whether the information received on radio was legal or simply a dissemination of good community practices. In Nakasongola, it was reported that the police often arrest individuals found drinking in the morning. However, it was not clear, whether the arrests were effective in regulating opening hours for bars.

There was concern about the enforcement of existing laws. Laws related to alcohol drinking were violated openly and there seemed to be no concern from the authorities for their enforcement. In the discussion with male adolescents in Kampala, it was observed that there was rampant consumption of alcohol, without any obvious community sanctions. Based on this, group participants concluded that there were either no laws to regulate alcohol in Uganda or if such laws existed, they were theoretical and had no effect on behaviour.

What we are calling laws right now are simply national laws probably on paper; in actual sense, here such laws do not exist. Drinking here is a legal leisure activity and people are free to drink for as long as they want (Male adolescents, Kampala)

Generally speaking, people felt that the laws were simply a rhetoric and unenforceable. Groups reported that alcohol drinking was not a regulated activity. The scanty knowledge on existing laws among the various groups met during this study could be a demonstration

that the population is generally unaware of laws related to alcohol. This illustrates the need to sensitize the population on relevant provisions of the law, that could help regulate behaviour, particularly that which presents risks of HIV infection.

3.6 Behavioural risks associated with alcohol use

Behavioural risks associated with alcohol abuse were identified in 4 areas namely risky sexual behaviour, disintegration of relationships, physical violence and accidents.

3.6.1 Risky Sexual Behaviour

Alcohol use was associated with risky sexual behaviour including unprotected sex, casual sex, multiple partners and sexual violence (rape) among both the women and the men. Alcohol use impairs judgement, lowers inhibitions and gives people the boldness to do what they would not ordinarily do; this is usually done without regard for the consequences of one's actions.

Casual Sex and Multiple Sexual Relationships

Group discussions with all age categories reported that alcohol abuse could result into casual sex with non regular partners and multiple sexual relationships. Both men and women were seen as likely to sleep with someone they would not have slept with if they had not taken alcohol. These actions are later regretted. Participants reported that alcohol use aroused sexual desire and many people wanted to have sex after drinking alcohol. This desire coupled with lower inhibitions had the potential to drive people into engage in casual sex, or sex with someone other than their regular partner. It was also observed that some men were simply promiscuous and drank alcohol with the aim of garnering courage to have many sexual partners.

The youth especially girls end up sleeping with many men and in the morning they feel ashamed when people tell them that so many boys had sex with them Some women develop excess desire for sex after taking alcohol' they sleep with men they do not know (Young Woman, Nakasongola)

Men just aim at having many partners when they drink (Adult Woman, Kampala)

The desire for sexual intercourse increases among men and women after drinking. Many times alcohol engage themselves in un protected sexual intercourse which has led to contraction of disease and unwanted pregnancies because to a drunkard, even if the woman is HIV positive he really does not matter at that time when he is under the influence of alcohol. The women develop a lot of libido for men because they have suddenly lost control over their sexual desires (Young men, Kampala)

Men were more likely to have multiple sexual relationships. Men tend to drink from bars where they interact with other women and sex workers. The women in the bars are generally perceived as being sexually available. Some bars also have lodges at the back, which can be paid for and used by those who want to have sex. This creates a conducive

environment for casual sex. While under the influence of alcohol, people have little control over their behaviour. Casual sex and multiple relations are accentuated by the fact that sometimes people drink heavily as a prerequisite to sex.

Unprotected Sex

Participants indicated that people are less likely to use condoms while under the influence of alcohol. They recognised this as a potential driver for HIV infection. While under the influence of alcohol, people are not cautious and do not remember to use condoms. They are taken up by the heat of the moment and do not think about the possible consequences of their actions at that time. Not all alcohol drinking led to risky sexual behaviour. Participants indicated that when people drank responsibly, they were less likely to have unprotected sex.

People who are drunk do not remember to use condoms. They cannot even remember that there is AIDS. But there are those who drink responsibly and keep their senses awake. He tells you that you should use a condom even if they have taken alcohol (Young Female Nakasongola)

Alcohol affects women because they drink and forget to tell their partners to use condoms. They may even forget to use family planning pills and get unplanned pregnancies (Adult Woman, Kampala)

....cannot use a condom if one is drunk. They will have live sex. Alcohol increases sexual libido. So one may get silimu (HIV) in this way (Adult Man, Hoima)

Overall, unprotected sex was reported in fourteen group discussions. Among the adolescents, three groups with males reported unprotected sex compared to one group with females. In the young people's discussions, two groups of males and two groups of females reported unprotected sex. Reports of unprotected sex were more prominent on the adult discussions where all the female groups and one group with males identified it as an issue.

The above notwithstanding, there were some participants who did not associate alcohol abuse and condom use. They maintained that if a person uses a condom while sober, they would still use it even while drunk.

It depends on one's personality. If someone has been using condoms when not drunk, even when he takes alcohol he will remember to use a condom (Young woman, Nakasongola)

Participants who believed this did not seem to acknowledge the fact that alcohol has the potential of lowering inhibitions and causing individuals to behave contrary to their values. This belief was identified amongst young women. This belief indicates the need to

educate the study population about the association and dangers of unprotected sex and excessive alcohol use.

3.6.2 Accidents

Alcohol use was linked to accidents. People who drink alcohol are more likely to be involved in accidents, both at home and outside the home. Alcohol causes individuals to lose control and balance. Study participants observed that people who abused alcohol were likely to fall by road side and in the process cause injury and body harm to themselves. Alcohol abusers were also associated with causing road accidents.

A person who drinks frequently gets involved in accidents. He may get knocked by cars and bicycles on the road. His body may have many injuries (Female adolescent, Hoima)

People who drink are always falling and hurting themselves like the lady I told you about, who hits herself every day on her way home. Alcohol makes drivers cause accidents when they drink and drive, even those who drink and walk carelessly can easily be knocked down by speeding cars (Adult Woman, Kampala)

Accidents were identified in fifteen group discussions. The adolescent groups were more aware of accidents as an outcome of alcohol use. Seven out of ten discussions with adolescents reported accidents. Four group discussions with young people and four with adults also reported accidents.

3.3 Aspirations with regard to alcohol use behaviour

The findings indicate that participants are conscious of the risks associated with alcohol use even when used in moderation. When asked what they aspire their alcohol use behaviour to be, most participants indicated a preference for abstaining from alcohol use. Abstinence from alcohol was associated with the ability to take care of personal responsibilities and family as well as earning respect for the family. Some participants however aspired to be moderate and responsible users of alcohol. They indicated that alcohol was useful because it enabled them to socialize and have some bit of leisure time.

Chapter 4: Social Norms and Alcohol Use

The study explored the existing norms that regulated alcohol use in the community. Participant's alcohol use behaviour is likely to conform to social patterns and expectations. The cultural and traditional norms identified were universal to all study areas. The norms were generally in relation to restrictions imposed on children and young people, expected behaviour for women and men,

4.1 Cultural and traditional norms that regulate alcohol drinking among young people

Existing norms were opposed to alcohol consumption among young people, particularly the children. In all the study areas, it was indicated that children were not supposed to engage in alcohol use. It was also observed that cultural traditions do not expect an unmarried girl to engage in the use of alcohol. A girl who drank alcohol was considered inappropriate for marriage. Young men would shun such a girl. The family therefore has a role of ensuring that girls do not drink alcohol.

In my culture girls are not supposed to drink at all because no one can respect a drunk woman and even men around cant ask for her hand in marriage (Young man, Kampala)

Where allowances were made for girls to drink alcohol, girls are not expected to drink in the presence of boys

It was also observed that young people were not allowed to drink with the elders. Young people were expected to drink with their peers. The inclusion of young people in groups of adults was regarded as an intrusion. In situations, where young people find themselves drinking in the company of adults, they are expected to regulate the quantities they drink.

In some areas, local councils were playing a role in ensuring that children do not drink alcohol. They did this by inviting parents for meetings and explaining the dangers associated with alcohol use among the younger age groups. During such meetings it was observed that parents are advised to encourage their children not to drink. The study however did not investigate the form and effectiveness of such meetings.

4.2 Cultural and traditional norms that regulate alcohol drinking among adults

It was reported that women were not allowed to drink alcohol before they completed cooking. Women were supposed to cook food first and then drink alcohol thereafter. This was useful because it regulated the length of time a woman spends drinking, and also ensures that she first takes care of her family's needs before drinking. Women are not expected to drink in bars. They are supposed to drink from their homes. In addition, women are not expected to use alcohol on a daily basis. They can only drink once in a while. Women were not expected to drink with men, or use hard liquors. It was held that women could not effectively handle the effects of hard liquors.

Cultural and traditional norms for alcohol use are gendered. They communicate the notion that alcohol use is mainly an activity meant for men. While women are allowed to drink, it is clear that the norms mainly target and regulate women's drinking behaviours.

There were indications that opening hours for bars should be regulated. There were efforts by the local councils to regulate the hours of operation for bars. They discouraged bars from opening earlier and closing late. However, this was not enforceable because alcohol is a major source of income for many families. While there is a notion that bars should not open early, in some places the bars do not close at all.

4.3 Acceptable Drinking Practices for men and women

Gender norms dictate appropriate behavior for men and women. Whereas such expectations are modified and reconstructed as society at large changes, the undercurrent of traditional gender roles remains powerful in many areas of social life. One such area is alcohol consumption (Montemurro 2005).

Although excessive use of alcohol is socially accepted, society condones the behavior when it is displayed by men.

Although the older women were allowed to drink, it was observed that they were not expected to get drunk. Because of this women were supposed to drink low alcoholic content beverages in order to observe this norm. Men on the other had were expected to drink high alcoholic content beverages. It was also observed that younger women in the productive age groups were discouraged from drinking alcohol. among the women, it is more acceptable for the older women to drink. It was believed that older women were likely to be victims of violations such as rape that are likely to be meted against women who are intoxicated.

Women should only drink when they are old and very old so that their brains are not destroyed by alcohol at such a young age. Older women are also more repulsive and less likely to be raped by men when they are drunk. (Female Adolescents, Hoima)

The gender norms prescribe the appropriate drinking venues for women and men. Generally, women are not expected to drink from bars. It was also expected that women

would drink from home. This gives the opportunity to be around, take care of their nurturing roles and their households. It would also save them the embarrassment of appearing drunk in public. Social norms also dictate the women are not supposed to appear drunk in Public. This is in recognition of their vulnerability to rape, while under the influence of alcohol.

Drinking hours for women were also regulated. Social norms indicate that women are expected to drink in the evening after doing all their work. In other places like Hoima, the adult men noted that women should only drink on Sunday. Men were allowed to drink longer hours, everyday of the week.

4.4 Perceptions of Normative Behaviour

In all the discussions, participants indicated that cultural restrictions on alcohol use were good and positive. There was recognition that restrictions targeting children were useful for helping children to grow into responsible adults, while those that targeted adults were important for regulating behaviour and maintaining harmony. There was however difficulty in enforcing cultural restrictions. Children grew up in environments where there were many attractions such as discos and peer pressure. The attractions of modern living and the need for acceptance among peers are highly valued by young; they therefore have the potential to negate the influence of norms and drive young people into using alcohol. Parents were also exposing their children by sending them to buy alcohol, and involving them in alcohol-related businesses.

The study observed that adolescents and young people had negative attitudes towards their peers who use alcohol. When asked about how they felt about boys who drink, young girls in Kampala expressed negative sentiments. Young girls reported that they were fearful about their male contemporaries who drink alcohol. They reported that such boys are poorly behaved and could harm them. Young boys who drink were also associated with socially undesirable behaviour such as theft. Young girls said they would not want to be seen in the company of boys who drink alcohol. This was considered shameful. On the other hand, they preferred to be friends with boys who do not drink alcohol.

We want such boys (who do not drink alcohol) to be our friends because they do not drink. We cannot be ashamed of them. Boys who do not drink are responsible people and we can easily associate with them unlike those who drink (Female adolescents and young women, Kampala)

Older women generally preferred that men did not drink alcohol at all. This is contrary to the social norms where men are expected to drink. Older women expressed negative feelings about men who drink. Regarding perceptions towards men who do not drink, it was almost universally reported that women felt good about this. In Kampala, 11 out of 12 women reported that they would prefer to have a husband who does not drink. Only

one woman said she wanted her husband to drink alcohol. She attributed this to the fact that he treats her better when he is under the influence of alcohol.

When my husband comes back home after drinking he gives me everything I ask for and all the money he comes with. When he is sober he does not give me anything. But when he is tipsy, I can have all I want and there is also too much love from him (Adult woman, Kampala)

There were varied responses about perceptions towards those who drink and those that do not drink alcohol. Boys believed that girls who were interested in long-term relationships that could potentially end in marriage had low opinion about boys who used alcohol. While those whose interests were focused on having a good time and partying had a high opinion of boys who drink alcohol. Discussions with boys pointed to a belief that girls who valued boys who drink alcohol tended to be opportunistic, and did so because they thought such boys had money.

Girls here really have respect for boys who do not drink and they consider them to be responsible. The girls easily fall for boys who do not drink because they see a future with such boys.....Some girls fall in love so easily with boys who drink because they believe with such boys they can party a lot...they believe it is easier to get money from a boy who drinks than one who does not drink (Male adolescent, Kampala)

Some girls think that boys who drink alcohol are rich and they fancy them a lot. They like to hang out with them and can do anything to befriend them. The girls want to have fun and they think that the boys who do not drink are boring (Young man, Kampala)

From the boys' perspective, the use or disuse of alcohol among the girls was an indicator of character. Boys considered girls who drink alcohol to be cheap, while those who did not drink were highly regarded and considered to be well behaved. Girls who drank alcohol were regarded in low esteem. The boys did not think that such girls had a bright future. Boys who associated themselves with such girls did so mainly because they thought they were sexually available.

Boys here detest girls who drink; they look at them as not likely to have a bright future. They believe that girls who drink are 'dirty and unclean. Such girls don't command respect in society. The boys who love such girls do so because they don't have to spend a lot to have sex with such a girl. You only have to buy beer and have sex (Male adolescent, Kampala)

Conversely, girls who do not drink alcohol were regarded highly and considered to be well mannered. Such girls commanded respect from the boys who also thought they had prospects for a bright future.

Boys here really love and cherish girls who don't drink they believe with such girls they can be able to command respect in society and should be able to look at good things in the future. Girls who don't drink are smart and very clean and are also likely not to have HIV. Boys adore girls who don't drink for they believe such are good mannered (Male adolescent, Kampala)

Male participants in Kampala conveyed the expectation that girls were not supposed to identify with boys who drink alcohol. Boys were concerned that girls seemed to prefer the company of boys who do the wrong things, including drinking alcohol. This concern seemed to echo a belief that a girl's future lies in marriage and as such associations during adolescence and early adulthood should take this into consideration. By staying away from boys who drink alcohol, a girl increased her chances of getting a future mate.

Girls are very funny creatures; you will never get to understand what they want. Girls in the teenage do not have a good sense of judgment. What is generally considered to be a wrong idea is to them some thing that they cherish. Most of them tend to respect boys who do wrong things such as drinking of alcohol who go to night disco who smoke etc (Young man, Kampala)

Men thought that fellow men who drank alcohol were stylish, rich or were stressed and needed an outlet to relieve the tension. On the other hand they drank to relieve themselves of stress. Men however expressed a low opinion about women who drank alcohol and said that such women were cheap, and incapable of being good mothers.

Men who drink alcohol are stylish and rich; they have the money to spend on alcohol. They may also be stressed or depressed.... women who drink alcohol are easy going and easy to manipulate into having sex. These women are sex workers, irresponsible or spoilt and cannot be good mothers (Male adults 25-35 Kampala)

Chapter 5: Practices and Key drivers of alcohol use

5.1 Reasons Young People Drink Alcohol

There are various influences that lead young people into drinking alcohol. These include the environment in which children are nurtured, peer pressures, social events, and inadequate parental controls.

Alcohol use among young people was associated with several factors. The home environment in which the child is raised was named as having an influence on their alcohol use behaviour later in life. Children who grow up in homes where alcohol is brewed and sold will most likely use it when they are grown. Such children were reported to participate in the brewing and selling of alcohol. Children whose parents used and abused alcohol were also likely to copy this behaviour when they grew up. Young people are growing up in a society where alcohol exists in abundance. There are many bars in their communities. For example in Soroti, there are drinking groups, where members of the group gather in one home on a rotational basis to drink and make merry. Children are present to witness such events. They take this to be an acceptable form of leisure and very soon, they will want to emulate their parents.

Some youth begin drinking because they are drinking groups in their homes (Young Women, Soroti)

In addition to this, there are numerous adverts on the radio, which encourage young people to drink. These circumstances have a strong influence on young people's drinking behaviour.

The presence of too many bars like here in Bisanga. Radio advertisements are also very attractive; they make you think that taking alcohol is a very good and important thing that should be admired by all people (Female adolescents, Hoima)

The reported laxity on the part of the parents was also identified as having an influence on the alcohol use behaviour of young people. The study shows that many parents were not vigilant in enforcing discipline among their children. Children were left on their own to make decisions. There were no parental controls on where children should go. It was further observed that parent child relationships were mostly authoritative, and this hindered effective communication. Children were free to attend social gatherings where alcohol is served. This exposes children to alcohol use and subsequently leads to their own use and abuse. Parents also exposed their children to alcohol use, by openly giving them alcohol, or sending them to the bars to buy alcohol.

In Soroti, it was observed that the emergence of children's rights has made it difficult to discipline children. It would appear that parents had received wrong information, or

simply blamed children's rights for their inability to take a rein on their children. While they blamed children's rights, the participants were not able to cite an example of where they were reprimanded for disciplining their children.

Children rights have made very difficulty for parents discipline their children thus rebellion and bad practices such as early drinking (Young Women 18-24 Soroti)

The local leaders were also identified as not being vigilant in supporting families.

What has caused young people to drink alcohol is that their parents do not care about them....for me I say its permissiveness. Our youth do whatever they want, because our leaders don't care. The environment also forces someone; when a child grows up near a bar it picks up bad habits also because they are idle, like those promotions, a child goes up and dances and wins beer from there they start drinking alcohol (Female adolescents 15-17 Nakasongola)

Social events and celebrations such as weddings and funerals where alcohol is likely to be served provide young people with an opportunity to access alcohol. Alcohol plays a central role in social celebrations. It features prominently at marriage ceremonies, funeral and graduation parties. At such events all adults are either too engaged or having a good time with their peers. Subsequently, the younger people are not closely observed and use this opportunity to venture into drinking alcohol. Further, it would appear that on such events the rules are a bit relaxed (or postponed) as the parents do not seem to keep their guard on children like they do on ordinary days. It was also considered inappropriate to turn down a drink on certain events.

...like wedding functions, they bring beer, kwete and even on burials, they bring beer, tonto and there is no one to supervise the young people so they drink (Young Women 18-24 Hoima)

Traditionally during ceremonies it more of a common thing to drink on such occasions (Male adolescents 15-17 Kampala)

Others drink to actively participate in cultural ceremonies like introductions. In Buganda, when the in laws bring a guard of local brew (tonto) every one is free to drink the same thing happens at funerals (Female adolescents 15-17 Kampala)

In addition, young people observe their parents' behaviour during social events. They openly observe as the adults engage in alcohol drinking. This seems to be acceptable for them. They in turn yearn for the time when they shall be able to engage in alcohol use themselves. When young people go for discos or any other social gatherings of their own, the fun is not complete without use of alcohol. They must drink alcohol on such occasions in order to fully enjoy themselves.

Varying reasons were advanced to explain why people in the study communities drink alcohol including idleness, peer pressure, dealing with stress and other problems,

stimulation, addiction and masculinity. The reasons given are broadly categorised into social and therapeutic.

5.1.1 Social Reasons for Alcohol Drinking among young people

Peer Pressure

Peer pressure has an important influence on young people's attitudes and behaviour. Young people drink because their friends do so. They want to be like their friends and tend to copy what their friends do. This is very important to their feeling a part of the social groups. There was recognition in all group discussions with young people that alcohol use was largely a result of peer influence.

Findings indicate that if young people perceive that their friends approve of alcohol drinking, they will engage in the practice, so as to gain their acceptance, approval and recognition. Discussions with the adolescents indicated that some of their contemporaries will even go to the extent of using their own money to buy alcohol for their friends, if they perceive this as gaining them social advantage. The need to be with friends and to fit in with friends was mentioned in all the group discussions with adolescents.

Peer pressure from friends. All your friends are having a drink and you are the only one not taking part... that may be funny so you join in to drink with your friends (Female Adolescent, Hoima)

Friends and groups have a major influence. If you have friends who drink, you will eventually start drinking. Menya used not to drink but now he drinks (Young man, Nakasongola)

Children see their peers drinking and they say, 'let me also try' (Young woman Hoima)

Most boys here drink just to be able to fit in certain small youth groups (Male adolescent, Kampala)

Peer pressure was from not only from friends of the same sex but those of those of the opposite sex as well. Alcohol use among young people was associated with having fun. Young people drink alcohol as part of their leisure activities. Young people in courtship or in relationships may feel that the relationship is boring if their time spent together does not include alcohol use. Subsequently, they are pressurized to use alcohol as a way of making their relationships more enjoyable. The findings show that some young people consumed alcohol because their partners required them to do so.

Girl friends can influence alcohol use. My girlfriend tells me, 'if you don't drink I will not love you.' So I drink for her to love me (Young man, Nakasongola)

There is need to educate young people on risks associated with alcohol use in intimate relationships. There is also need for young people to know that they can engage in enjoyable and meaningful relationships even in the absence of alcohol.

Masculinity

Alcohol use is associated with self esteem or self importance particularly among adolescents and young men. For the young people, it is important to prove that they have the ability to handle alcohol. In addition, using alcohol was also a demonstration of their ability to afford it, hence an indicator that they have money. Participants seemed to have a notion that masculinity is linked to the ability to have money.

Some boys drink a lot just prove to others that they are rich among fellow peers and among girls (Male adolescent, Kampala)

Responses indicated that there is a tendency to associate large alcohol consumption with manliness. Society admires the individual who can hold his liquor; those who are able to consume large amounts of alcohol, without any immediate effect are largely approved of.

Some young boys drink because they think drinking makes them full men...they also want to show that they have money, especially the boys (Female adolescent, Kampala)

Also some boys drink just to prove manhood, that they have grown (Male Adolescent, Kampala)

Closely related to masculinity, young people drink alcohol because it is a show of maturity. Among the adolescents and young people, there is a need to feel grown up and to prove that they are mature. Although alcohol may be consumed among the younger age groups, social norms dictate that alcohol should be consumed by grown ups particularly men. Being grown up is associated with many advantages including respect from society and self determination or the freedom to make one's own decisions.

Young boys were reported to drink alcohol, because of the belief that this would enhance others' perceptions of them as men. In seven out of the ten discussions with adolescents, it was observed that young people, specifically the boys took to drinking alcohol because they believed this would make them feel grown up. Participants held a perception that there is an urge among young people particularly the boys to prove to the rest of society that they have grown up. The use of alcohol is one of the ways through which young boys convince themselves and others that they are grown men.

Some young men want to feel man enough. When they drink, they feel that they are no different from older people (Female Adolescent, Hoima)

Most young people drink to prove to themselves and the community at large that they are mature; it is through drinking that some one can prove his maturity and other thinks it is one way of fitting in society (Young man, Lira)

From the above, it would appear that consumption of alcohol among young people is symbolic and taken to be synonymous to maturity. In other places like Soroti, there was a perception that certain types of alcohol had an effect on the sperm count. Ajon was

linked to increased sperm count. This belief has the potential of promoting alcohol use among young men who are seeking to prove their masculinity

Many young men drink because we have heard that ajon makes you have a lot of sperms that are not dormant so they drink to improve on their manliness (laughter)
(Young man, Soroti)

Prerequisite for Social Interaction and Sex

Discussions show that alcohol is closely associated to sexual activity. People in the study communities drank with the intention of diminishing their sexual inhibitions and increasing their desire and energy for sex. Some drank to set the mood for sexual activity or because of the belief that alcohol can enhance the intensity of their sexual encounters.

When I had just married, someone told men that if I took some little booze, I would perform better in bed (Adult Man, Kampala)

A person may admire a woman that is not his. So they take alcohol to approach other people's wives (Adult Man, Soroti)

Alcohol is integrated in social life and is a useful tool for facilitating interaction. It would appear that participants believed that alcohol was used to enable people engage in behaviour that is considered inappropriate or taboo such as adultery.

5.1.2 Therapeutic and Medical Reasons for Alcohol Use

Coping with Stress

Alcohol use among young people was seen as an escape or release from problems. Young people have to deal with several personal problems which lead to stress. Among the age group 15-17 academic pressures for those in school as well as problems with the family were cited as causing stress for young people. This was particularly the case with those who lived with step-parents. Relationships with step-parents were reportedly characterized by communication breakdown and maltreatment, which make young people feel unwanted and worthless. The apparent lack of teenage support services leaves young people without any place to turn to for help when confronted with such problems. Discussions with girls in Soroti, indicated that young people are overwhelmed by problems which may sometimes lead to insomnia. Alcohol then becomes a way of relieving stress and getting some sleep. Both male and female discussions noted that some young people have problems in the family. In the circumstances, the young people turn to alcohol to help them cope, at least temporarily, with their problems.

Some young people have problems like stress and family neglect, so they drink with the intention of forgetting these problemsother people drink because they have problems so they think that when they drink they can forget them. For examples there is a lady who lost of her family members and she takes a glass of waragi everyday to get sleep (Young woman, Kampala)

Some one may have a lot of things on his mind and he is troubled, maybe he has a case to answer or he quarrelled with his wife so he will drink some alcohol to get sleep (Young woman, Hoima)

In Lira, it was reported that people drank alcohol because they wanted to forget the misery, particularly the homelessness that the war had afflicted on them.

Drinking as an escape from stress was also linked to people with HIV. Participants observed that PLWA were desperate and tended to drink heavily as a way of forgetting their problems and hastening their demise.

HIV/AIDS patients may drink a lot so that they may waste themselves when they have lost all hope (FGD 15-17 Soroti)

The fact that young people are drinking alcohol as a means of escaping from their problem is an indication that there may be lack of support services in the family and the community to help young people confront their problems. Older people also use alcohol to escape their problems. This further points to inappropriate coping mechanisms among the population.

Closely related to escaping problem, pursuit of happiness was also cited as a reason for drinking among young people. People turn to alcohol because they believe it has a relaxing effect and can make them happy.

Overcoming Idleness

Idleness was raised as another important factor contributing to alcohol use among both the young and adult population. Out of school young people who were not employed and young unemployed adults are usually idle and having nothing else to do. It would also appear that there are no ideal recreational facilities and opportunities for young people in most communities. Out of school youth and unemployed people spend their time in trading centers, without engaging in any productive activities. They are frustrated and bored. Their pursuit for purpose and socialization usually leads them into contact with people in similar circumstances. They end up forming groups and use alcohol just to pass time, without necessarily reflecting on the potential long-term effects of this behaviour. Idleness which was attributed to lack of employment was also cited as a reason why people drink.

Young people have no responsibilities so they go to the bar to drink....they have no work to do (FGD women 18-24 Hoima)

People in this community drink because of unemployment. They become idle and resort to drinking (Female FGD Kampala 25-35)

Stimulation

Discussions indicated that young people consume alcohol because they believed it can give them extra energy to take certain actions. This was observed in reference to specific actions namely conflict resolution, talking to a person of the opposite sex, and academic revision. In relation to conflict resolution, the discussions show that young people used alcohol to garner the courage to confront a person or party with whom they had a conflict. In some cases, they consumed alcohol because they needed to get courage and strength to fight. Alcohol was also believed to help young people overcome shyness and give them the confidence to talk to others of the opposite sex. Related to this, the data shows that there is a belief that the use of alcohol will increase the sexual desire and appetite. Alcohol use among young people can therefore be associated to pursuit for sexual stimulation. This was observed particularly with reference to the boys.

*Alcohol gives you the boldness to approach a girl and tell her what you want.
Alcohol can also increase the desire for sex (Boys 15-17 Soroti)*

Young people also used alcohol because they believed that it can lead to academic excellence. Alcohol was believed to stimulate and enable someone to stay up for longer hours while revising. It was also believed to have the capacity to stimulate the brain and enhance the ability to excel academically.

Young people drink to perfect in their work. Like when I was still in school, I took Waragi and was able to read the whole day (Men's Discussion 18-24 Nakasongola)

Medicinal Value

There was a belief that alcohol can be used to cure certain ailments such as cough, stomach aches, body and toothaches. This was traditional knowledge that seemed to be passed on from one generation to another through oral history. In Hoima, it was reported that alcohol is consumed with *sweet pepsi* (sweet containing menthol) to cure cough. In Nakasongola, it was observed that alcohol can be used as a post-operative medicine, to help with internal healing of the wound. The study however did not investigate knowledge and perceptions on amounts and dosage needed to cure the mentioned ailments. Among the discussion with girls (15-17) in Kampala, it was indicated that alcohol use can be used as a cure for nausea and vomiting during early pregnancy.

Addiction

There was recognition that alcohol could be an addiction. It was observed that some young people drank alcohol because they were addicted. It was also noted that the addiction could be visible within some families.

Many drink because they are addicted and must drink; "the desire to drink is in their blood (Men Soroti 18-24)

5.1.3 Financial Reasons

Cheap Access

The availability and accessibility of alcoholic drinks was highlighted as a factor influencing young people's decisions to drink. In all the communities, both locally made and factory manufactured alcoholic beverages were available. These were easily accessed to young people. Even with as little as a hundred shillings, one was able to buy a drink. There are no sanctions against selling alcohol to minors and as such, no real difficulties for young people to access alcohol, when they want to. Some young who have access to odd jobs, have no real need for their money. Some stay with their parents who meet most or all the costs of living. Young people, it would appear do not have a culture of saving. When their wages are paid, the money is spent on leisure activities, of which alcohol is a big part.

For me I think that what causes the youth to drink is that they sometimes get small jobs that pay some money. And because they have nothing to use the money for they use it to buy alcohol (FGD Girls 15-17 Nakasongola)

5.2 Reasons for Alcohol Consumption among Adults

There were no significant differences for the reasons of alcohol consumption among young people and adults. Like the younger people, adults mainly drank for social and therapeutic purposes. Peer pressure, idleness resulting from unemployment, the need to display masculinity, stress, the need for stimulation, courage,

The adult groups also highlighted that alcohol was therapeutic. Alcohol was considered as useful for helping people deal with stress and enabling them overcome their problems. The adults mentioned that they drink when they are happy and have something to celebrate. This was not mentioned among the adolescents and young people

For me I drink when I am happy...for example when my team Arsenal scores, I take a beer to celebrate (Men Nakasongola 25-35)

In the absence of other recreational activities, alcohol presents itself as a viable and readily available leisure time activity. Adults reported that alcohol also offered relaxation after a day's work. It provided an opportunity for winding down and relaxing after a day's work.

Sometimes people feel that they've worked so hard, so at the end of the day they go to the centre to rest and drink some alcohol while at it (FGD Women 25-35 Hoima)

5.3 Types of Alcohol Young People Drink

The study found that young people drink both locally produced brew and factory brewed alcohol. The decision on the type of drink to be taken depends on varied factors including

the cost of the drink and its perceived strength. Only those without enough money were reported to drink a local gin, commonly known as waragi.

The study found that alcohol was consumed with other additives. These included narcotic drugs, soda, water, and medicines. There were several reasons for adding foreign objects in alcohol, including getting a stronger drink and disguising what one was drinking. Young people mixed their drinks with soda in Kampala. This was for purposes of disguising what they were drinking. This points to the reality, that society does not expect young people particularly women to drink alcohol. Drinks are also mixed with stronger drinks so as to increase their concentration.

One of the reasons given for mixing alcohol was to alter its alcoholic content. Alcoholic content was altered to either make the drink stronger or to reduce on its strength. In Lira, it was reported among the 15-17 female group that young people mixed their drinks with marijuana, which they commonly referred to as jai.

In addition, alcohol may be mixed with a soft drink in order to counter its effect or as a means of diluting its concentration. This was reported among females in Kampala. The reason for this, was to ensure that one does not get drunk very fast.

Some mix their drink with soda because they fear to be seen taking alcohol so they pretend as if they are taking soda while others mix because they do not want to get drunk (Kampala FGD Female 18-24)

There were reports in Kampala that young men mixed medicines namely paracetamol and aspirin with alcohol, and gave it to girls with the intent to make them vulnerable. There was a belief that adulterating alcohol with these medicines made it stronger and made the girls weak, and unable to resist sexual advances. This was done with the premeditated intention to have sex with the girls.

There is a tendency to favour strong drinks because of their ability to have an immediate effect. It was fairly universally agreed, that most people, both the have a tendency to drink in order to get drunk.

Preference for strong drinks was also attributed to problem solving. It was reported that people with problems often resorted to alcohol for solace. Alcohol was seen as offering temporary relief from problems. Others also mixed their drink because they did not have money to buy many drinks. Mixing the drink with something believed to make it stronger was therefore a guarantee, that the desired effect-to get drunk- was achieved within the available resources. On the contrary, those with no money whose first preference was drinks with a low alcoholic content, but with no money to buy them, mixed the strong drinks with water to reduce their concentration.

Sometimes drinks are mixed to neutralise the bitter taste of a given alcohol. For example in Lira district, it was reported that Arege is mixed with juice and sweets to reduce its bitterness. There was a strong association between the strength of a drink and its being regarded as alcohol. The stronger the drink, the greater likelihood that it will be regarded as an alcoholic beverage.

Age at First Use

There were varied perceptions with regard to the age at which young people in the study districts began to use alcohol. Parental influence plays a significant role on the age of debut into alcohol use. In all the discussions it was observed that there were cases where children were introduced to alcohol use by their parents when they were still toddlers. Parents were reported to give alcohol to their children as early as the age of two years. In Hoima, this was associated with alcoholic beverages that have a low alcoholic content. . Such drinks are not considered to be harmful and as such parents wilfully give them to children to drink. In some cases these drinks are considered to be food. In such instances, as the children grow older, the parents incrementally adjust the quantities they give to the children. Other parents even gave children hard liquors to drink. By the time they reach puberty, such children are able to drink huge quantities of alcohol. It was reported that parental actions such as these sanctioned alcohol use among the children.

Self determined alcohol use, without direct parental influence is likely to begin during adolescence. Adolescence is a critical time of development on many different levels, but especially concerning the initiation and escalation of alcohol use. Young people who were exposed to alcohol early and grew up in environments where there is tolerance for alcohol were likely to drink alcohol at a much younger age than those whose parents were strict about alcohol use. It was generally agreed that the boys tend to drink at a younger age than the girls. The age range in which boys started to drink alcohol in all districts was estimated to be between twelve and fifteen years, while the range for girls was between 17 and 20 years. This was attributed to the fact that in most families, parents impose lesser restrictions on the boys than the girls. Parents are generally over protective of the girls keep a watchful eye on their daughters, closely monitoring their movements. Girls were also required to spend a lot of time at home, doing housework. The boys on the other hand, are given more space; in the process they interact with numerous environments and are victims of peer pressure. Boys use the freedom to explore and try out many things including alcohol use. Delayed use of alcohol among the girls was also linked to social norms about acceptable behaviour. In Soroti, it was reported that the desire to remain marketable for marriage also stopped girls from using alcohol at an early age. There was a belief that a girl who drinks alcohol is not good enough for marriage and will not make a good wife. This makes girls control their desire for alcohol.

Discussions indicated that young people are likely to increase their alcohol usage and consolidate the habit, once they were independent and had moved out of their parents' homes.

5.4 Alcohol Accessibility Options for Young People and Adults

Alcohol was easily accessible to young people of all age groups from all the study districts. Alcohol was mainly obtained from three sources namely bars, homes where it was brewed and shops. In all group discussions, it was indicated that young people did not have any difficulties in obtaining alcohol. The bar owners who were usually women freely sold alcohol to young people. In some cases, young people obtained alcohol from their homes. Young people are able to access alcohol when it is brought into their homes by their parents and guardians. Some parents share the drinks freely with their children, whom they may consider, old enough to drink some alcohol. Those whose parents do not share alcohol with them were reportedly stole the alcohol. Some young people live in homes where alcohol is brewed and is a major source of livelihood for the family. Most young people who grow in such homes are expected to participate in the business through serving the clients. The process of serving clients brings young people into direct contact with alcohol; in most cases the person serving the drink is expected to taste it before it is served. In Nakasongola, men's discussions also observed that discos social gatherings and live shows by musicians were places where young people obtained alcohol.

In some study areas, there were places that were renown for alcohol. For example in Nakasongola there was an area known as *Mukikadde* while in Kampala there was *Kirugwara*, which were identified as brewing centres. It was reported that in these places, young people were able to access all types of alcohol. Some particular bars were mentioned as being favourites among young people. The reason for the popularity of such bars was that they had some perks which were particularly attractive to young people. The bars were reported to have TV sets, Music, Band, Lodges and Prostitutes.

In Lira, it was reported that alcohol is usually introduced to new born babies as a cultural practice. However later in life, the youth are free to buy alcohol from the bars. Youth do odd jobs through which they earn some money. This is normally used to meet their needs, including alcohol. Sometimes, young people are paid in kind.

They go in shops, do some simple work and the shop keepers pay them in kind, and for example those men who offload heavy bags from the lorry. Most of them are given alcohol after the job (Women, 18-24 Lira)

Among the adults, there were no restrictions on where alcohol can be purchased. They were free to buy alcohol from wherever it was sold. Adults also accessed alcohol during social events and celebrations.

5.5 Places Young People and Adults Drink From

Young people drink either publicly or secretly in hiding. The place a young person consumes an alcoholic beverage is determined by various factors including the age, sex, attitudes and belief systems of the young person and their family, as well as whether they are in or out of school.

Young men are more likely to drink openly in the bars and in trading centres. They preferred such open places where they could be seen. This was associated with being a grown up and having some responsibility. In Nakasongola it was reported that young people aged 15-17 tend to drink alcohol in the open. Reports indicate that there is a lot of freedom and very few restrictions to discourage young people from openly consuming alcohol. Although the police sometimes arrest drunken youth, they later release them, if their parents are able to pay some little money.

Young people don't hide when drinking alcohol. Even if the police arrest them the parents ask the police man whether he is the one who bought him the alcohol. The youth do not hide because here there is much freedom. The police are after money. They wait for one to drink and make an offense that will be their gain. So how do you stop alcohol drinking when that is where you will profit from and then another thing is our leaders drink alcohol? If a child sees an adult doing something why wouldn't they also do it (FGD girls Nakasongola)

This was however not universal; boys also drank in hiding because they did not want anyone who knows them, particularly their friends and families to see them drinking. It was reported that they drank from houses that were under construction or abandoned houses. Others drank from video halls and toilets.

Young boys and girls who attend school drink in hiding because it is illegal for them to be drinking alcohol. Most schools have strict regulations against alcohol use and harsh penalties usually expulsion of students who are found drinking alcohol even if it is away from the school premises. School going young people will therefore make sure that no one sees them drinking alcohol, to avoid being sighted by the school authorities. In all the discussions with young people it was observed that those who were from Moslem and Born Again Christian backgrounds drank in hiding. These religions discourage the use of alcohol. Children whose parents were strict were also likely to drink in hiding. Those who drank in hiding were those who stayed with their parents. Young people also observed that they had to hide if they were to drink alcohol during the day. There is an indication that young people care about the community perceptions towards them.

During day time you cannot just begin getting drunk in public you have to hide because people will say that your spoilt if you drunk in the public during day time (Men 15-17 Nakasongola)

Study findings show that the young men and women below the age of 18 were more likely to drink in hiding compared with those above 18. In addition, the girls were also more likely to drink out of public sight. They consumed alcohol in their bedrooms, in toilets, in bushes and in local video halls commonly known as bibanda. These are temporary shelters where there is no light. The only source of light is the TV screen from which films are watched. Young people favoured the back seats where they would drink without

being noticed. They reportedly bought alcohol which was packed in sachets that were easily pocketed.

Among the older age group, alcohol is consumed openly. The discussions indicated that older people consumed alcohol in their homes and in bars. There was however a difference among men and women. It was observed that women were more likely to consume alcohol at home, as opposed to bars. Women discussions indicated that it was considered irresponsible for married women to frequently visit bars. Women also reported a preference to drink from home because it helped them to avoid encounters with their in-laws at drinking places.

5.6 Alcohol and Gender Based Violence

Alcohol use was associated with physical, sexual and psychological violence. All the focus group discussions reported gender based violence as a consequence of alcohol abuse. Men were identified as the lead perpetrators of alcohol related gender based violence. It was common for men to stay out late in the night, drinking alcohol. Such men return to their homes and find everyone asleep. They usually demand attention, make noise, and wake up the household. It was reported that this causes a lot of emotional stress on the children and the wife. In some cases, women get angry and refuse to let the men into their houses or deny them food. Refusal to meet the man's demands are usually interpreted as disrespect and are a source of further conflict and disagreement, which usually end up in physical fights.

A man may come back home drunk and demand that his wife goes to the kitchen to bring him food. Eventually a fight can ensue after such 'ridiculous demands'. A man many make a habit of staying out late at night drinking. His wife may thus resort to locking him out of the house. Thus the man may simply knock down the door in order to enter and then beat up the wife and children (Female adolescents)

But some of our men drink and disorganize the home, beat everyone and we sleep outside. And you wonder what takes him to drink alcohol. When he is sober things are good but when he drinks he becomes like an animal and chases you around the whole village (Adult woman, Nakasongola)

With regard to sexual violence, alcohol abuse increases the risk of sexual assault. Among the perpetrators, who were usually reported to be male, drinking reduces inhibitions against socially unacceptable behaviour and allows them to attribute responsibility for their behaviour to alcohol. On the victims part (usually women), alcohol impairs alertness judgment about high-risk companions or situations; further her physical ability to resist attack is greatly compromised. The discussions also indicated that women who drink alcohol are perceived as more sexually accessible. It was reported that women who were drunks were sometimes raped on their way home.

Focus groups with the young and older women in Hoima were more specific about sexual aggression that resulted from alcohol abuse. The groups reported that drunken men

engaged in acts of sexual violence towards their wives. This included trying to have sex before the children. Loss of control and impaired judgment, leads men into making sexual advances towards their wives in the presence of children. The refusal by women to have sex, culminates into physical and sexual violence. Women in Hoima also reported that sex with drunken husbands was normally characterized by aggression. The women took advantage of the man's drunken state to resist and fight unwanted sex. Men also used the cover of alcohol to force their wives to have sex in ways that are considered inappropriate. This emerged in a group discussion in Hoima.

There is no agreement regarding sex and the woman keeps being worried. When the man comes, he uses force and if the woman refuses and he ends up beating her. The man can drink and even make you do improper things that are even not fit to be said in public (More laughter) Young women Hoima)

The group discussion does not provide a conducive environment to open up about sexual matters, particularly abuse. In most parts of Uganda, it is socially inappropriate to discuss sex in public. This is a sacred matter that is mostly confined to the bedroom and in marriage counseling rooms. However, the observation made above however is indicative that women may be silently suffering as they are subjected to hidden forms of sexual abuse.

Alcohol was associated with breakdown in communication and relationships. Although there was an acknowledgement that conflict was usually prevalent in all relationships, participants observed that alcohol was likely to cause deep misunderstandings and lead to communication problems, which sometimes culminate into separation. The source of these conflicts was however mostly linked to the men as the perpetrators. It was observed that men divert family income to alcohol, sometimes leaving family needs unmet. Men were also reported to forcefully get money from their wives to buy alcohol. Men who drank alcohol were also reported to be intolerant and quarrelsome. Communication breaks down in a relationship where one of the partners drinks excessively. Opportunities to display affection are subsequently reduced and resentment finally sets in. This ultimately leads to break down in relationship.

Alcohol brings domestic conflict over family income, for example after cutting wood for charcoal, the money you get, the man begins demanding for it, so he can buy alcohol. Alcohol causes quarrels in the home. For example, if your husband leaves you his shirts for ironing and on coming back, finds that you did not iron them, instead of understanding he begins fighting if he has taken alcohol (Young woman, Nakasongola)

5.7 Alcohol Use and Sexual Behaviour

Study participants indicated that alcohol was useful for facilitating social interactions. They believed that drinking alcohol before and during social interactions helped make people feel less self-conscious and consequently more outgoing. Alcohol also gave

participants the confidence to approach and talk to prospective partners. Discussions show that alcohol is closely associated to sexual activity. People in the study communities drank with the intention of diminishing their sexual inhibitions and increasing their desire and energy for sex. Some drank to set the mood for sexual activity or because of the belief that alcohol can enhance the intensity of their sexual encounters.

When I had just married, someone told men that if I took some little booze, I would perform better in bed (Adult Man, Kampala)

A person may admire a woman that is not his. So they take alcohol to approach other people's wives (Adult Man, Soroti)

Alcohol is integrated in social life and is a useful tool for facilitating interaction. It would appear that participants believed that alcohol was used to enable people engage in behaviour that is considered inappropriate or taboo such as adultery.

Chapter 6: Social Support Structures to Regulate Alcohol Use

6.0 Introduction

The study explored the existing social support structures that influence alcohol use among young people and adults. Social support was considered from two dimensions namely family and community. Social support systems are useful for promoting general wellbeing and specific social support may in some instances be tied to particular functions, such as alcohol use. This study investigated existing social support structures in reference to alcohol use and the specific nature of support provided. Social support structures provide information and services that are useful for influencing alcohol use behaviour. The study focused on positive social support that is associated with commitment to and maintenance of responsible behaviour in relation to alcohol use. Social support institutions at the family and community level influence alcohol use behaviour of individuals, through the provision of information and services.

The study found that there were inadequate support networks to help the study participants confront problems associated with alcohol. Although the schools were mentioned as imposing restrictions for young people, no discussion identified them explicitly as a support structure. This could be attributed to the fact that the respondents were out of school.

6.1 Role of the family

Role of the Family in Supporting Adolescents and Young People

The role of the family as a social support network to regulate alcohol abuse for young people and adults was explored in this study.

The family provided preventive support towards young people. The study found that parents tried to keep alcohol away from their children. The family plays a role in ensuring that its young members are given information about alcohol use. Parents provided counselling and advise to their children with regard to acceptable behaviour and alcohol use. In some cases, the family did not provide counselling directly but relied on the church and extended family networks to provide this information and support. Parents also encourage children to attend church, so as to pick up morals that would help them to safeguard against alcohol use. In Kampala, it was observed that parents tend to take their children to the villages where because they perceive them to be safer and free of the risks that are prevalent in the urban areas.

Some parents take their children to villages during holidays because there they are taught how to behave well and it is hard to access alcohol in the villages because the children do not like the local brews.....Other families take their children for

seminars organised by churches where they are taught the morals in society.....
(FGD Kampala Female 18-24).

At the family level, there were restrictions regarding the time young people should be at home. This was intended to protect them from all risks including alcohol use. The families also punished children who broke the rules. Punishments mentioned include negative reinforcements such as caning. Children who obeyed the rules were given positive reinforcements to sustain this behaviour and communicate to others, the rewards associated with conforming to the rules. Children were allocated work on the garden and in their households to make sure they were not bored and did not have time to think about alcohol.

Role of the Family in Supporting Adults

The role of the family in supporting study participants with alcohol use was mostly evident among the adolescents and young people. Among the adults, there was limited support which was provided by the spouse. Among the married couples, it was observed that displaying affection and keeping communication was useful in helping spouses overcome stress and therefore reduce on the drinking. Married people were also reported to drink together and support one another, in the event that one of them became drunk.

6.2 Services are available in this community

The data shows that there are no services in the communities to assist the youth who are engaged in alcohol use. Churches were identified as support structures at the community level, providing counseling services aimed at prevention and rehabilitation. The church was reported to make attempts to reach out to people who had alcohol problems with a view of trying to restore their lives. However the study was limited in that it did not explore whether such actions were ad hoc philanthropic gestures or whether the churches had fully fledged programs that were focused on supporting communities with alcohol.

6.3 Interventions by Government and CSOs

Respondents were not aware of any interventions by government and CSOs in all the study districts. In one instance, a respondent had come in contact with a CSO where the issue of alcohol surfaced. It must be noted that this was not the core problem of this intervention.

When I was still in school AMREF used to come in schools. There was one time when they came and talked about sex and AIDS and they hinted on Alcohol as a major way through which AIDS is spread through a film show, where a drunkard man used to have sex with many sexual partners hence AIDS. They even showed us a girl who got pregnant and used to stay with a drunkard grandfather. This girl later fell in the water and died. AMREF could show us this film class per class
(Men 18-24 Nakasongola)

Chapter 7: Summary of Findings and Conclusions

This report presents the findings of a qualitative study which was comprised 30 focus groups exploring the knowledge, attitudes and practices of adolescents (15-17), young people (18-24 years of age) and adults (25-35) towards alcohol in five districts namely Lira, Nakasongola, Hoima, Soroti and Kampala. The study was aimed at finding out the knowledge, attitudes and practices of participants in relation to alcohol use and abuse; identifying drivers of alcohol use and abuse; explore the linkages between gender norms and alcohol use; finding out the linkages between alcohol abuse and risky sexual behaviour and establish; assessing the roles of existing social support structures and institutions that influence behaviour in relation to alcohol abuse and exploring perceptions about norms surrounding alcohol consumption.

Knowledge, attitudes and practices of the young people in relation to alcohol use and abuse

There are a range of alcoholic drinks including those that are brewed locally and those brewed in factories in the study areas. Locally made brew included a wide range of products distilled and fermented using locally produced crops. Drinks that had the ability to have an intoxicating effect regardless of the alcoholic were considered to be alcohol. This also included beverages that were commonly consumed in homes. There was knowledge that different types of alcohol vary in their strength. Whereas this knowledge was locally available, the media was also acknowledged for its role in influencing the respondent's knowledge.

Study participants were aware that alcohol could either be drunk in moderation or excessively to constitute abuse. Moderate use of alcohol was associated with the ability to control ones self after drinking, to carry on one's work and domestic responsibilities and to know when to stop drinking. Those who drink alcohol but continue to function effectively in their roles are users. On the other hand, those who seem to have no control over their use of alcohol and who display inappropriate behaviour are considered to be abusers of alcohol. Generally, participants considered drinking behaviour that has a profound negative impact on the individual and the surrounding environment including friends and family to be abuse. Alcohol abuse was generally associated with the failure to control one's behaviour after drinking alcohol.

Study participants demonstrated some awareness of the short term and long-term problems associated with excessive alcohol use, but did not attribute negative consequences to moderate alcohol use. They were fully aware that excessive alcohol use could have a detrimental impact on an individual's health and quality of life. Participants were able to identify general health problems associated with excessive alcohol consumption. Social effects of alcohol abuse included domestic violence, strained family

relations, perpetuation of alcohol abuse in the family. Alcohol use also causes financial strain by diverting money which would have been used for domestic needs to alcohol. Alcohol was related to violence at the domestic and community levels.

There is generally limited knowledge about the laws on alcohol use. There is knowledge that young people below the age of 18 are not supposed to drink alcohol. Other elements of the law where some knowledge was demonstrated were drink driving and opening hours for bars. None of the respondents seemed aware of the law that restricts sale of alcohol to licensed products and establishments. None of the existing laws seem to be enforced according to the respondents.

Alcohol abuse was linked to behavioural risks in relation to sexual behaviour, disintegration of relationships, physical violence and accidents. Alcohol use was associated with risky sexual behaviour including unprotected sex, casual sex, multiple partners and sexual violence (rape) among both the women and the men. Alcohol was associated with breakdown in communication and affecting relationships. Participants observed that alcohol was likely to cause deep misunderstandings and lead to communication problems, which sometimes culminate into separation. Alcohol use was linked to accidents. People who drink alcohol are more likely to be involved in accidents, both at home and outside the home.

Drivers of alcohol use and abuse

There are various influences that lead people into drinking alcohol. According to respondents, these include the environment in which children are nurtured, peer pressures, social events, and inadequate parental controls. The home environment in which the child is raised was named as having an influence on their alcohol use behaviour later in life. Children who grow up in homes where alcohol is brewed and sold will most likely use it when they are grown. Parents have a major role in influencing alcohol use among their children. Children whose parents used and abused alcohol were also likely to copy this behaviour when they grew up. The media was a major influence on alcohol use among young people. Social events and celebrations such as weddings and funerals where alcohol is likely to be served provide young people with an opportunity to access alcohol. Alcohol plays a central role in social celebrations. It features prominently at marriage ceremonies, funeral and graduation parties.

Both young people and adults drink alcohol due to diverse reasons including peer pressure, the need to prove their masculinity, as a coping strategy for stress and an escape for problems; to overcome idleness and boredom; to stimulate their brains; as a medicine or as an addiction. Alcohol was also used because it is cheap and easily accessible

Linkages between gender norms and alcohol use and abuse

The existing gender norms largely influence the drinking habits of men and women, both the young and adults. The study found that there is varying social expectations for alcohol use among men and women. It is generally agreeable for men to consume strong drinks. Men are free to drink anywhere while women were supposed to drink in their homes. Boys generally begin to drink at an earlier age than the girls. While use of alcohol among the young boys was linked to masculinity, among the girls it was associated with lack of respect. While it is acceptable for older women to drink, they are expected to do so, after completing their domestic chores. In general, children younger than 18 are expected not to drink alcohol, particularly the girls. Among adolescent boys, alcohol consumption is a sign of being mature but it is hidden from adults, except occasionally during weddings and funerals. On the other hand, girls who drink are considered sexually available and not ideal for marriage.

Linkages between alcohol abuse and risky sexual behaviour among young people in Uganda

Alcohol use was associated with risky sexual behaviour including unprotected sex, casual sex, multiple partners and sexual violence (rape) among both the women and the men, adolescents and adults. Alcohol use lowers inhibitions and gives people the boldness to do what they would not ordinarily do. In fact, young men sometimes use alcohol to bolster their courage to approach women; and sometimes it is used to soften a girl's resolve. Both men and women were seen as likely to sleep with someone they would not have slept with if they had not taken alcohol. Participants indicated that people are less likely to use condoms while under the influence of alcohol. They recognised that this was a potential driver for HIV infection. Alcohol use increases the risk of sexual assault. Among the perpetrators, who were usually reported to be male, drinking reduces inhibitions against socially unacceptable behaviour and allows them to attribute responsibility for their behaviour to alcohol. On the victims part (usually women), alcohol impairs alertness judgment about high-risk companions or situations. Women and girls who drink alcohol are perceived as more sexually accessible.

Roles of existing social support structures and institutions that influence behaviour of young people in relation to alcohol abuse

The study found that the family almost single-handedly presented the only formidable social infrastructure to influence behaviour in relation to alcohol abuse. The family plays a role in counselling and advising young people about alcohol use. Young people were given other tasks at the family level in an attempt to quell boredom which could easily drive them to alcohol. Parents also encourage their children to participate in church and other community activities, where they think children will be protected. This notwithstanding, the findings also show that family was sometimes responsible for alcohol use and abuse among young people by introducing it to them and not imposing restrictions to limit their access. There were reports that the church played a role of providing preventive and rehabilitative services. The study however never explored the nature of services or programs provided by the church

Conclusions

The study found that alcohol is widely used by young people and adults in the study area. Both locally brewed and factory made brews were consumed by the population. Alcohol is a major element for social events and leisure time activities. They drink alcohol so as to get drunk and have fun, as an escape from stress, as a socialisation agent. Alcohol is mixed with other substances in order to make it strong.

At the family level, parents and caregivers play a vital role in influencing children's attitudes and behaviours towards alcohol. Parents are role models with regard to the use of alcohol. Parents can also influence young people by controlling the availability of alcohol in the home. Findings indicate that parents helped to set children's expectations concerning drinking and subsequently influenced their behaviours.

The drinking behaviour of young people and adults in the study areas poses potential risks for them in relation to their sexual behaviour, as well as in relationships with peers and significant others. Alcohol use, therefore, remains a major part of social life, even though the majority aspire not to use it.

Although there are social norms to regulate alcohol, these are openly violated. There are no visible sanctions to deter the population from violating social norms. This could be an indication of a growing trend of permissiveness among the community in relation to alcohol use. The study observed that there were no services to support communities with alcohol. Services in education and support services for individuals with alcohol related problems were non-existent in all the study areas.

References

Anne L. Pithey & Neo K. Morojele (2002) *Literature Review on Alcohol Use and Sexual Risk Behaviour in South Africa*, Prepared for WHO Project Alcohol and HIV infection by Alcohol and Drug Abuse Research Unit, Medical Research Council

Isidore S. Obot & Robin Room eds. (2005) *Alcohol, Gender and Drinking Problems: Perspectives from Low and Middle Income Countries Developing Countries*, GENACIS Project, WHO

Kigozi & Kasirye (1997) *Alcohol, drug abuse and HIV AIDS in Uganda: A consultancy for Uganda AIDS Commission*. 1997.

MoH (2007) *Sexual and Gender based Violence in War Affected Communities in Northern Uganda*, Study Report

Ovuga E and Madrama C (2006) *Burden of Alcohol Use in the Uganda Police in Kampala District*, African Health Sciences Journal 2006 March; 6(1): 14–20.

Rutabajuka (1992), *Alcoholism among the peasants in Hojo village Rwampala county Mbarara District*.

Topouzis D (1994), *The socio-economic impact of HIV/AIDS on rural families with an emphasis on youth in Uganda*. Study funded by FAO - Food and Agriculture Organisation of the United nations. TCP/UGA/2256.

Tumwesigye and Kasirye (2003) *Gender, Alcohol and Culture International Study, Uganda Country Report*. Submitted to the GENACIS Study; Management of Substance Dependence Project

UBOS and Macro International Inc (2007) *Uganda Demographic and Health Survey 2006*, Calverton, Maryland USA: UBOS and Macro International Inc.

YEAH (2007) *Alcohol Consumption in Uganda, Literature Review*

APPENDIX A: PARTICIPANT SCREENING TOOLS

Hello, my name is (_____) with (_____), YEAH/HCP. We are currently conducting a study on young people's knowledge, attitudes and practices towards alcohol use. We will be conducting focus group discussions on (_____) at (_____). Will you be available? Let me ask you a few questions.

A. Sex (Observe)

1. Male _____
2. Female _____

B. Age group

1. Below 15 _____ Terminate
2. 15-17 _____ (Consider for unmarried FGD)
3. 18-20 _____ (Consider for married FGD)
4. Above 20 _____ Terminate

C. Marital Status

1. Single _____
2. Married _____ (How long one has been married. If less than 6 months, terminate)

D. Highest level of education

1. No formal training _____
2. Primary _____
3. Vocational after primary _____
4. Secondary _____
5. Vocational after secondary _____ Terminate
6. Above secondary level _____ Terminate

E. Are you a community volunteer or resource person for any programme or intervention in your village or anywhere?

1. Yes _____ Terminate
2. No _____

F. Have you ever been in an interview or a group discussion for any social issue in the last one-year?

- Yes _____ Terminate
No _____

Do you drink alcohol

1. Yes _____
2. No _____

How long have you lived in this village?

1. Less than 6 months _____ Terminate
2. More than 6 more _____

Place respondent in:

Female Married Group _____ Date and venue for discussion

Female Unmarried Group _____ Date and venue for discussion

Male Married Group _____ Date and venue for discussion

Male Unmarried Group _____ Date and venue for discussion

APPENDIX B: FOCUS GROUP DISCUSSION GUIDE

(USED FOR AGE GROUPS 15-17, 18-24)

About this Guide

This document provides you with guidelines on how to elicit and facilitate discussion among focus groups of young women and men to collect information on their knowledge, attitudes and practices regarding alcohol. The discussion guide is made up of the following sections: Section A provides a brief background to this research. Section B provides a brief on the structure of the guides. Section C provides guidance for setting the scene for focus groups. Section D is the data collection section. This section is made up of seven subsections. Each subsection is made up of a set of questions, and, sometimes pictorials that you the moderator will use to elicit discussion among members of the respective focus groups. Appended to this guide is a set of guidelines on how to arrange for and facilitate focus group discussions. For the data collection section, each subsection has been allotted time- this time indicates how long the group discussion on the respective section would last.

C. Setting the Scene (10 minutes)

- Welcome participants and introduce yourself
- Explain the general purpose of the discussion and why participants were chosen
- Discuss the purpose and process of focus groups
- Explain the presence and purpose of recording equipment and introduce the note taker
- Outline general ground rules and discussion guidelines such as the importance of everyone speaking up, talking one at a time, and being prepared for the moderator to interrupt to assure that all the topics can be covered
- Address the issue of confidentiality
- Inform the group that information discussed is going to be analyzed as a whole and that participants' names will not be used in any analysis of the discussion.
- Ask participants' if they have any questions at this point. If so, respond to the questions. Do not pre-empt the discussion

D. Data Collection (130 minutes)

D1. Participants' understanding of what alcohol is (15 minutes)

- a. Young people like you in this community and elsewhere may take a drink for one reason or another. What drinks do people in this community take? Which of these drinks would you consider to be alcohol? Why or why not?
MOD: Probe for homemade brews (e.g. porridge, banana beer, etc). Try to elicit a response from each of the group participants. Probe: Do young people mix their drink with anything else? What and why?
- b. Are there alcoholic drinks in the community that are widely taken and are not considered harmful? What drinks are those? Why are they considered harmless? Why are other drinks considered harmful

D2. Decoding 'alcohol abuse' (30 minutes)

Imagine three young men in this community. The three young men are Augusto, Elidad and Joseph. Despite the fact that both Augusto and Elidad drink beer, most people in this community feel that Augusto is already wasted and should stop drinking. Most people in the community feel that Elidad is a nice man even though he drinks. Joseph never drinks any alcohol, and people think that there is something wrong or abnormal about him.

- a. We would like to know why you as young people in this community might think this way about each of the three men.
- b. For each of the hypothetical characters, how does the behaviour of this man (Augusto), (Elidad) or (Joseph) influence: their work, relations with their wives/girlfriends, family, responsibility towards community? **Probe for each character.**
- c. Do you think there are women like Augusto in your community? What do others think about women like Augusto? What about Elidad? Joseph?

- d. For women who are like Augusto, Elidad and Joseph, how does their behaviour influence: their work, their relations with their husbands/boyfriends, family, responsibility towards the community?
- e. Looking at Augusto, Elidad and Joseph, who do you aspire to be? Why? (*Mod/Note taker: Take a count*)
- f. What do you think it means to drink responsibly? What do you think it means to drink irresponsibly? Would you say most young men in this community drink responsibly or irresponsibly? What about young women in this community?
- g. Looking at people in your community, who are like Augusto, Elidad and Joseph, would you say the majority are:
 - (a) Men vs. women
 - (b) Young people (15-18) vs. adults (18-24), 25-35)?
- h. Do you think alcohol is a problem in this community? Why or why not?

D3. Practices related to alcohol use among young people (20 minutes)

- a. Why do young people in this community drink alcohol? Who or what is likely to strongly influence the drinking habits of the young people in this community? **Probe:** for parental influence, participation in social/cultural occasions/functions, medicinal value, peer pressure, association between alcohol consumption and manliness or promiscuity, societal expectations, fun, boredom, stress.

MOD

- Probe for the relationship between societal expectations and alcohol drinking among young people (15-18, 18-24, 25-35)
 - Probe for the relationship between manliness and alcohol drinking among young people (15-18, 18-24, 25-35)
- b. What types of young people in this community are most likely to behave like Augusto, Elidad, and Joseph? **Probe for single mothers, male youth, female youth, children in homes where alcohol is brewed and sold, sex workers, migrant workers, fishermen, other groups**
 - c. Where do young people obtain alcohol? Who gives or sells alcohol to the young people in this community? Where do they drink it from it? Do they consume it openly or in hiding, and Why?
 - d. At what age do most young people in this community begin to consume alcohol? Why?
 - e. At what age do most young people in this community begin to think about drinking alcohol? Why?

D4. Social Norms/aspects of alcohol (20 minutes)

- a. What are the cultural or traditional rules that regulate drinking among young people in the community? **Probe:** existing rules/traditions in families, communal rules/traditions about drinking. **Probe for:** acceptable drinking with reference to age when drinking is allowed, differences between men & women, types of drinks, frequency of drinking, quantity of alcohol drank at a given point in time, places of drinking, company or people with whom a drink is taken (*Probe for peers and elders*)
- b. How do you feel about the cultural or traditional rules that regulate acceptable drinking practices in your community? Are they effective? What should be done to improve them?
- c. What does the family do to prevent over drinking among young people? What does the community do to prevent over drinking among young people?
- d. What do people in the community say about a family whose children may be known to over drink? Why do they say such things about the family?
- e. How do girls feel about boys who drink alcohol? How do girls feel about girls who drink alcohol? What about those who do not drink?
 - How do boys feel about girls who drink alcohol? How do boys feel about boys who drink alcohol? What about those who do not drink?
- f. Has any government department, organization, or community group ever talked to you or given you information about drinking alcohol? Who was it, when? What message did they give you? How was it passed on?
- g. Are you aware of any laws concerning alcohol use among young people? What are those laws? **Probe for national laws and local community by-laws**

D5. Exploring relationship between alcohol and gender-based norms (10 minutes)

- a. What are the differences between acceptable drinking practices for men and women? What are the reasons for these differences?

D6. Knowledge of risks associated with 'alcohol abuse' (25 minutes)

- a. Physiological & Physical: Moderator: Use the body 'map' to explore young people's knowledge of the health effects of alcohol. Instructions on how to participatorily generate a body 'map' are appended to this guide as appendix 1. After the outline of the body 'map' has been generated, ask: Which parts of the body are most likely to be affected by alcohol? And how?
 - *Where do people in this community go for treatment for the ailments identified in the body map?*
- b. Behavioural risks: Alcohol can influence the way we behave. How does alcohol affect young people's behaviour?
 - **Probe for** sexual behaviour, condom use in 'the heat of the moment', casual sex, multiple partners. **Probe for** variation among the sexes
 - How can alcohol affect a person? **Probe for traffic accidents, physical fights, gender-based violence, falling and hurting one's self, breakage of limbs and harm to the body**
- c. Emotional:
 - Do people who drink alcohol face difficult situations? What kind of difficult situations do young people in this community who drink alcohol face?
 - How does drinking alcohol influence a person's emotional health or state of mind? **Probe for short term and long term influences**
 - How do you think people who over drink alcohol feel about themselves? **Probe for emotional stability, anger, self control, anxiety, stress**

D7. Closing (10 minutes)

- **Solicit final comments from the participants**

APPENDIX B (2)
FGD TOOL FOR USE WITH 25-35 AGE GROUP

D. Data Collection (130 minutes)

D1. Participants' understanding of what alcohol is (15 minutes)

- d. People like you in this community and elsewhere may take a drink for one reason or another. What drinks do people in this community take? Which of these drinks would you consider to be alcohol? Why or why not? *MOD: Probe for homemade brews (e.g. porridge, banana beer, etc). Try to elicit a response from each of the group participants. Probe: Do people mix their drink with anything else? What and why?*
- e. Are there alcoholic drinks in the community that are widely taken and are not considered harmful? What drinks are those? Why are they considered harmless? Why are other drinks considered harmful

D2. Decoding 'alcohol abuse' (30 minutes)

Imagine three men in this community. The men are Augusto, Elidad and Joseph. Despite the fact that both Augusto and Elidad drink beer, most people in this community feel that Augusto is already wasted and should stop drinking. Most people in the community feel that Elidad is a nice man even though he drinks. Joseph never drinks any alcohol, and people think that there is something wrong or abnormal about him.

- i. We would like to know why people in this community might think this way about each of the three men.
- j. For each of the hypothetical characters, how does the behaviour of this man (Augusto), (Elidad) or (Joseph) influence: their work, relations with their wives/girlfriends, family, responsibility towards community? **Probe for each character.**
- k. Do you think there are women like Augusto in your community? What do others think about women like Augusto? What about Elidad? Joseph?
- l. For women who are like Augusto, Elidad and Joseph, how does their behaviour influence: their work, their relations with their husbands/boyfriends, family, responsibility towards the community?
- m. What do you think it means to drink responsibly? What do you think it means to drink irresponsibly? Would you say most men in this community drink responsibly or irresponsibly? What about women in this community?
- n. Looking at people in your community, who are like Augusto, Elidad and Joseph, would you say the majority are:
 - (a) Men vs. women
 - (b) Youth (15-18) vs. adults (18 and older)?
- o. Do you think alcohol is a problem in this community? Why or why not?

D3. Practices related to alcohol use (20 minutes)

- f. Why do people in this community drink alcohol?
Who or what is likely to strongly influence the drinking habits of the people in this community? **Probe:** for participation in social/cultural occasions/functions, medicinal value, peer pressure, association between alcohol consumption and manliness or promiscuity, societal expectations, fun, boredom, stress.

MOD

- Probe for the relationship between societal expectations and alcohol drinking among men and women (ask about age groups 15-18, 18-24, 25 and older)
 - Probe for the relationship between manliness and alcohol drinking among men (15-18, 18-24, 25 and older)
- g. What types of people in this community are most likely to behave like Augusto, Elidad, and Joseph? **Probe for single mothers, male youth, female youth, older people children in homes where alcohol is brewed and sold, sex workers, migrant workers, fishermen, other groups**
 - h. Where do people obtain alcohol? Where do they usually drink it from?

D4. Social Norms/aspects of alcohol (20 minutes)

- h. What are the cultural or traditional rules that regulate drinking among people in your community?

Probe: existing rules/traditions in families, communal rules/traditions about drinking. **Probe for:** acceptable drinking with reference to age when drinking is allowed, differences between men & women, types of drinks, frequency of drinking, quantity of alcohol drunk at a given point in time, places of drinking, company or people with whom a drink is taken

- i. How do you feel about the cultural or traditional rules that regulate acceptable drinking practices in your community? Are they effective? What should be done to improve them?
- j. What does the family do to prevent over drinking? What do spouses do to prevent over drinking among their partners? What does the community do to prevent over drinking?
- k. What do people in the community say about a family whose children may be known to over drink? Why do they say such things about the family?
- l. (For the men's groups only) How do men feel about men who drink alcohol? How do men feel about women who drink alcohol? What about those who do not drink?
- m. (For the women's groups only) How do women feel about women who drink alcohol? How do women feel about men who drink alcohol? What about those who do not drink?
- n. Has any government department, organization, or community group ever talked to you or given you information about drinking alcohol? Who was it, when? What message did they give you? How was it passed on?
- o. What services are available in this community to help people like Augusto who drink too much? Where do people like Augusto go for help to stop drinking?
- p. Are you aware of any laws concerning alcohol use? What are those laws? **Probe for national laws and local community by-laws**

D5. Exploring relationship between alcohol and gender-based norms (10 minutes)

- b. What are the differences between acceptable drinking practices for men and women? What are the reasons for these differences?

D6. Knowledge of risks associated with 'alcohol abuse' (25 minutes)

- c. Physiological & Physical: Moderator: Use the body 'map' to explore people's knowledge of the health effects of alcohol. Instructions on how to participatorily generate a body 'map' are appended to this guide as appendix 1. After the outline of the body 'map' has been generated, ask: Which parts of the body are most likely to be affected by alcohol? And how?
- d. Behavioural risks: Alcohol can influence the way we behave. How does alcohol affect people's behaviour?
 - **Probe for** sexual behaviour, condom use in 'the heat of the moment', casual sex, multiple partners. **Probe for** variation among the sexes
 - How can alcohol affect a person? **Probe for traffic accidents, physical fights, gender-based violence, falling and hurting oneself, breakage of limbs and harm to the body**
- f. Emotional:
 - Do people who drink alcohol face difficult situations? What kind of difficult situations do people in this community who drink alcohol face?
 - How does drinking alcohol influence a person's emotional health or state of mind? **Probe for short term and long term influences**
 - How do you think people who over drink alcohol feel about themselves? **Probe for emotional stability, anger, self control, anxiety, stress**

D7. Closing (10 minutes)

- **Solicit final comments from the participants**

APPENDIX C: BODY MAP

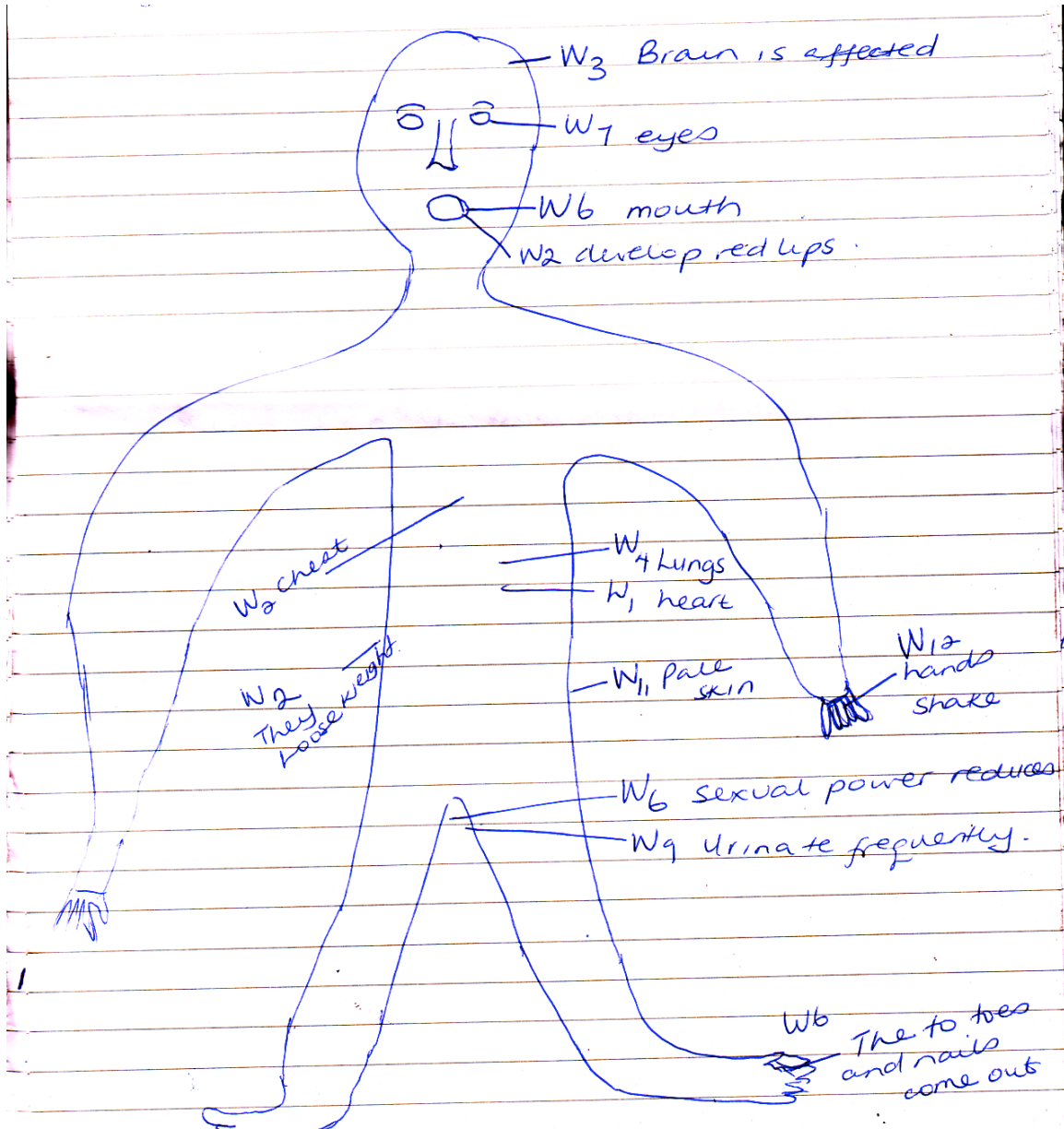


Figure 1: A Sample of a Body Map from a FGD with Women (18-24 years) in Nakasongola