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## **Influences Encouraging Alcohol Use among Bachelor of Medicine and Surgery Students at Kampala International University, Western Campus, Ishaka Bushenyi, Western Uganda**

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### **ABSTRACT**

Alcohol consumption poses a significant public health concern, especially among university students who often experience newfound independence from direct parental oversight. This study aimed to identify the factors driving alcohol consumption among Kampala International University's Bachelor of Medicine and Surgery students. Employing a descriptive cross-sectional approach and self-administered questionnaires, data collection focused on alcohol-consuming students via snowball sampling. Statistical Package for Social Sciences (SPSS) software facilitated data analysis. Of the 384 participating students who consumed alcohol, nearly half (47.7%) fell within the 20-24 age range, evenly representing both genders. Notably, no substantial correlations emerged between alcohol use and age, gender, religion, or academic year. A majority of students initiated alcohol consumption at 16 years or older (41.4%). Significant associations were found between alcohol consumption and upbringing, as well as university residence. Urban upbringing and off-campus residency correlated with higher alcohol consumption. Psychologically, family structure played a role, with 59.4% of participants living with both parents reporting alcohol consumption. Peer influence was prevalent, with a substantial number introduced to alcohol by friends, either at university (32%) or at home (35.2%). While 97.7% recognized alcohol as a mood-altering stimulant, only 29.1% acknowledged the link between young adult binge drinking and future alcoholism development. Merely 12.5% believed that early alcohol exposure increased the risk of dependence, yet 93.5% recognized its association with academic underperformance or dropout. Alcohol abuse among university students appears normative, shaped by family norms and peer pressure. Supervision by family and university staff, coupled with educational interventions highlighting the health risks and consequences of excessive alcohol consumption, stand as effective measures to address this societal issue.

Keywords: risk factors, alcohol, students

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### **INTRODUCTION**

Throughout recent decades, university authorities have expressed concerns over increasing levels of high-risk drinking of alcohol among students [1, 2]. In particular, university students are at risk for substance abuse behaviors because of changes in lifestyle, reduced parental support and stress [3]. Alcohol use

remains the number one substance abuse problem throughout university life [4]. University students report exciting, invigorating and empowering experiences throughout their university lives, but these are coupled with stressful periods due to academic workload, pressure to succeed and competition among peers [3].

The education system is one of the most pervasive agents of socialization with regard to drug abuse. The university can either be a risky or a protective environment. Inadequate supervision and easy access to alcohol and drugs in universities, for instance, may act as risk factors for initiation of alcohol abuse [5, 6, 7].

Studies from different parts of the world have shown that university students have a higher prevalence of alcohol drinking and alcohol-use disorders, than non-college youth [8]. Globally, 320 000 young people aged 15-29 years die annually, from alcohol-related causes, resulting in 9% of all deaths in that age group [9]. According to a study by National Campaign Against Drug and Alcohol Abuse Authority (NACADAA), 14 percent of Kenyans aged between 15 and 64 currently use alcohol. The same study found that 8% of children aged 10 to 14 years have used alcohol at least once in the past year [10]. Young people in Uganda seem to follow a similar pattern of alcohol consumption to that of the general population. A study carried out at Mbarara University in Uganda indicated that almost half of the students had consumed alcohol in the previous 12 months, and a quarter of them had

engaged in heavy episodic drinking [11]. Alcohol is easily available to students at Uganda's universities, and according to local reports, alcohol consumption is considerable, particularly during celebrations [11].

While university authorities and public policy makers have attempted to tackle elevated levels of consumption, research signals a rise in alcohol use among students in the past decade [2, 4]. Screening tools tend to categorize individuals based on consumption profile alone. Thus, measures to tackle the excessive consumption and harms associated with alcohol overlook the heterogeneous nature of consumption among the student population [12, 13].

A variety of factors have been identified at the individual and the societal levels, which affect the magnitude and patterns of consumption and can increase the risk of alcohol use disorders and other alcohol-related problems in drinkers and others [14]. Environmental factors such as economic development, culture, availability of alcohol and the level and effectiveness of alcohol policies are relevant factors in explaining differences in vulnerability between societies, historical trends in alcohol consumption and alcohol-related harm [14, 15].

## METHODOLOGY

### Study design and Rationale

A descriptive, cross-sectional design was used. A descriptive study involves systematic collection and presentation of data to give a clear picture of a situation under study [16]. Cross sectional design aims at quantifying the distribution of certain variables in a study population at a special point of time. This study was performed from January to march 2021.

### Study setting

The study was conducted at KIU Western campus located in Ishaka-Bushenyi.

### Study population

The study involved students offering bachelors of medicine and surgery

### Inclusion criteria

All students at KIU western campus offering medicine and surgery have been taking alcohol and consented to participate in the study

### Exclusion criteria

Students offering medicine and surgery not consuming alcohol.

Students offering medicine and surgery consuming alcohol but did not consent to take part in this study.

### Sample size determination

The formula for determining sample size by [17] was used:

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

Where:

n = desired sample size if target population; Z = is the standard normal deviation at 95% confidence level; P = proportion in the target population i.e prevalence of alcohol consumption at 51.9% [18]; q = 1 - p; D = design effect-usually 1 where there are no replications  
d = the level of statistical significance set at 0.05

$$n = \frac{1.96^2 \times 0.52(1-0.52) \times 1}{0.05^2} = 384$$

### **Sampling procedure**

Snowball sampling procedure was employed to recruit 384 students. This was done in two steps: (i) first identify potential participants in the population about one or two initially; then (ii) the identified subjects recruited other participants (and then ask those people to recruit others). These steps were repeated until the target sample size was achieved. The advantage of this method is that it enabled research to be done where otherwise it seemed impossible due to lack of participants and that it also helped in discovering characteristics about a population that were not overt.

### **Data collection procedures**

Before starting the actual study, the questionnaire, the whole method was pre-tested on students not offering bachelor of medicine and surgery for clarity and sensitivity of the questions, and correction was made based on the results obtained. Semi-structured, self-administered questionnaire were distributed to the study respondents willing to participate in the study. The filling of the questionnaires was supervised and then recollected by the researcher upon completion.

### **Data analysis**

Data from structured questionnaires were entered, checked, cleaned and analyzed using SPSS version 16. Univariate analysis was performed in order to obtain descriptive statistics. Proportions, means and standard deviations were determined during the analysis. The results are presented in form of tables and charts. Bivariate analysis was also performed in order to examine associations between the independent variables and alcohol abuse. The T-test was used to calculate statistical values for continuous variables whereas chi-square test was used for categorical variables in case of any relationship. Measures of association were considered statistically significant when p value was equal to or less than 0.05. The data was then manually analyzed in relation to themes and the objectives of the study.

### **Ethical considerations**

Ethical review was obtained from Kampala International University research committee then permission to conduct the study was sought from the faculty of medicine and dentistry. Written informed consent was also gotten from the participants after clear education on the need for the study and their rights to give or refuse consent. All data was handled with strict confidentiality [19].

## RESULTS

**Table 1: Socio-demographic characteristics of study participants**

Characteristic	Category	Frequency(N=384)	Percentage
Age (years)	<20	90	23.4%
	20-24	183	47.7%
	25-29	63	16.4%
	30-34	30	7.8%
	35 and above	18	4.7%
Gender	Female	189	49.2%
	Male	195	50.8%
Religion	Protestant	173	45.1%
	Catholic	118	30.7%
	Muslim	27	7.0%
	Others	66	17.2%
Grew up in	Urban area	263	68.5%
	Rural area	121	31.5%
Residence at university	On campus	7	1.8%
	Off campus	377	98.2%
Year of study	Year one	65	16.9%
	Year two	191	49.7%
	Year three	67	17.4%
	Year four	29	7.6%
	Year five	32	8.4%
Family structure	Mum and Dad	228	59.4%
	Single Mum	75	19.5%
	Single Dad	37	9.6%
	Aunt/Uncle	9	2.3%
	Grandparents	35	9.2%

A total of 384 students participated in the study. Most of the respondents were between the age of 20 and 24 years as shown in table 1 above. Majority of the students (50.8%) who participated were males as compared to the females. Most of the respondents were either protestant (45.1%) or catholic (30.7%) by religion and

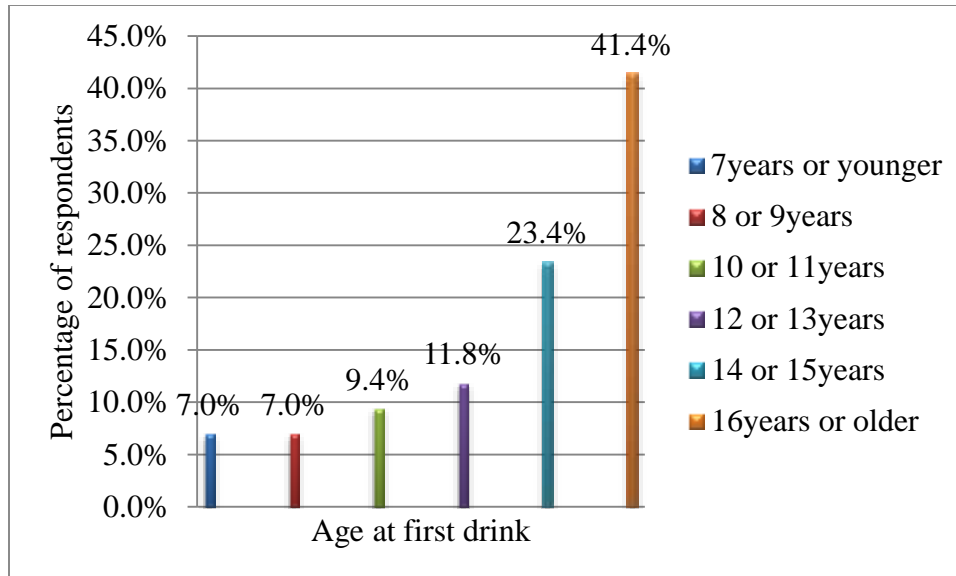
grew up in the urban area (68.5%). The majority (98.2%) of the student respondents resided off campus and (60.9%) were second year students overall. When asked about the family structure, 59.4% of the respondents live with both of their parents as shown in table 4.1 above.

**Table 2: Association of socio-demographic factors and alcohol consumption**

Variable	Category	Consumed alcohol (N=384)
Age (years)	<20	90(23.4)
	20-24	183(47.7)
	25-29	63(16.4)
	30-34	30(7.8)
	35 and above	18(4.7)
Gender	Female	189(49.2)
	Male	195(50.8)
Religion	Protestant	173(45.1)
	Catholic	118(30.7)
	Muslim	27(7.0)
	Others	66(17.2)
Grew up in	Urban area	263(68.5)
	Rural area	121(31.5)
Residence at university	On campus	7(1.8)
	Off campus	377(98.2)
Year of study	Year one	65(16.9)
	Year two	191(49.7)
	Year three	67(17.4)
	Year four	28(7.6)
	Year five	32(8.4)

There was no relationship between alcohol consumption and age, gender, religion, and year of study. However, there was relationship between alcohol consumption and area one grew up in and residence setting at university. About 68.5% of the respondents who grew up in

urban setting consumed alcohol whereas 98.2% of the respondents who resided off campus consumed alcohol. Showing that an urban dweller and students who reside out of campus are more likely to consume alcohol.



**Figure 1: Age of first drink**

Asked the age they first took alcohol, majority (41.4%) of the respondents highlighted that they first took alcohol at

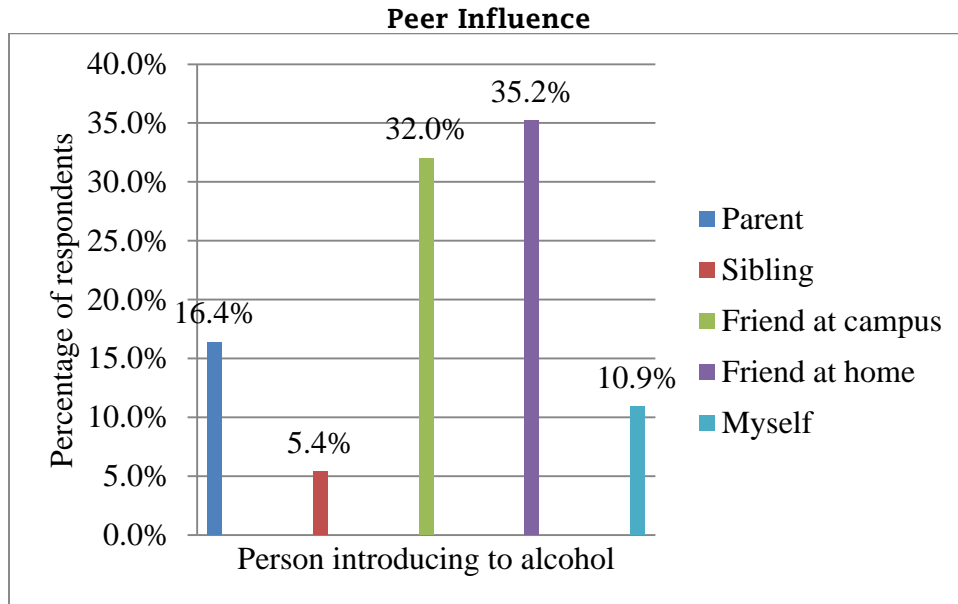
the age of 16 years and above whereas 23.4% only of the respondents took their first alcohol at the age of 14 and 15 years.

**Table 3: Family structure**

Characteristic	Category	Frequency Consumed alcohol	that Percentage
Family structure	Mum and Dad	228	59.4%
	Single Mum	75	19.5%
	Single Dad	37	9.6%
	Aunt/Uncle	9	2.3%
	Grandparents	35	9.2%
<b>Total</b>		<b>384</b>	<b>100</b>

Looking at the association between family structure and alcohol consumption, there was a significant difference in that most (59.4%;) of the respondents who lived

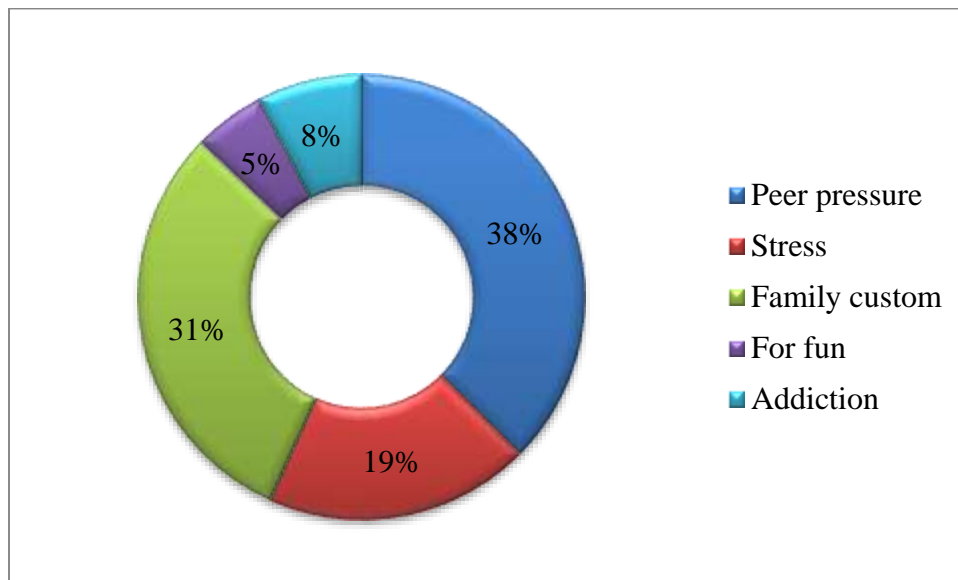
with both parents consumed alcohol when compared to those with broken families (table 4.3 above).



**Figure 2: Source of introduction to alcohol consumption**

Among the 384 respondents who admitted to taking alcohol, 35.2% were introduced to alcohol by a friend at home

and 32% by friend from school while 16.4% by parents.



**Figure 3: Reasons for drinking alcohol**

Peer pressure and family background were highlighted by the participants as

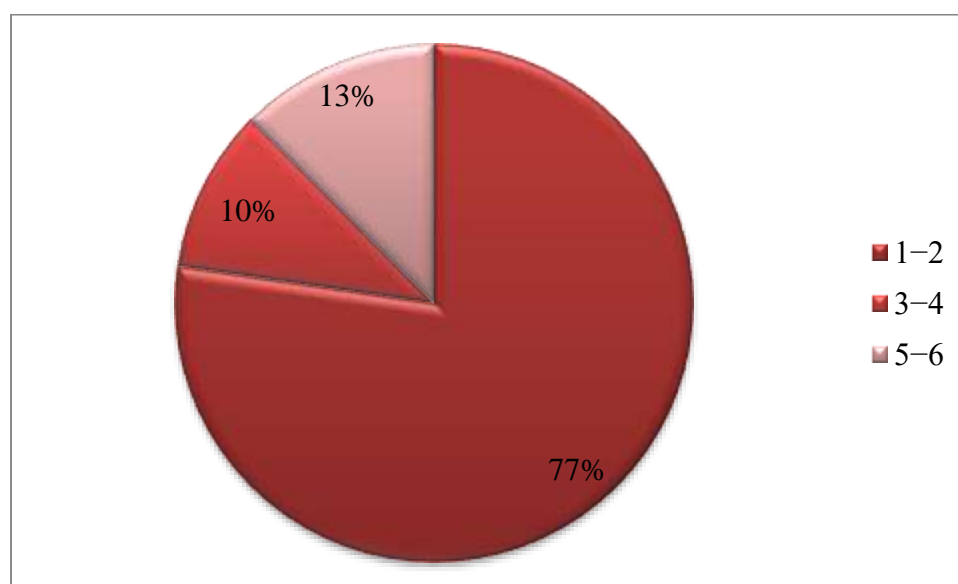
the main reasons for taking alcohol while 19% due to stress.

**Table 4: Frequency of drinking**

Frequency of drinking	Frequency	Percentage
Once a month or less	234	60.9%
2-4times a month	77	20.1%
2-3times a week	41	10.7%
5 or more times a week	32	8.3%
<b>Total</b>	<b>384</b>	<b>100.0%</b>

Majority (60.9%) reportedly drank monthly or less frequently while 32(8.3%)

drank 5 or times a week as shown in table 4.4 above.



**Figure 4: Heaviness of drinking**

As per the response to heaviness of drinking, most (77%) of the respondent who drank took one or two drinks per

sitting and 13% took take 5 or 6 drinks at a sitting.

**Table 5: Awareness of risk factors**

Awareness of harmful effects of alcohol consumption	Total number (N=384)	
	TRUE (%)	FALSE (%)
Alcohol is a mood altering stimulant.	375(97.7)	9(2.3)
The effects that alcohol has on the body vary according to the individual	321(85.6)	63(16.4)
Women respond to alcohol differently than men do.	258(67.2)	126(32.8)
Alcohol increases your sexual drive and ability.	264(68.8)	120(31.2)
It is okay to put your drunk, passed out friend to bed and go back to the party.	195(50.8)	189(49.2)



If both parents drink, there is a high probability that the child will drink.	344(89.6)	40(10.4)
Binge drinking among young people has no relationship with development of alcoholism later in life	300(78.1)	84(21.9)
Alcohol use at an early age increases the risk of dependence.	48(12.5)	336(87.5)
Alcohol is a risk to poor performance or drop out at school	359(93.5)	25(6.5)

To test knowledge of effects of alcohol among the respondents, a series of questions were asked. Among the respondents, 97.7% said it was true that alcohol is a mood-altering stimulant. In addition, 85.6% of the respondents said that the effects of alcohol vary according to individual as they are dependent on sex, weight, metabolism and presence of food in the stomach. Furthermore, when asked if alcohol increases sexual drive and ability, 68.8% of the respondents said that alcohol increases sexual drive. There was a mixed reaction when asked if *“one could leave their passed out friend to go back to the party”* with half of respondents (50.8%) agreeing they would go back to the party leaving their friend

Age bracket of first drink was found to be between 16 years old and above, with the youngest reported age being 7 years. This is centrally to [20] finding when he reported that drinking at early age below 14 years is associated with high risk of alcohol abuse and dependence later in life.

However, this study also indicated that later adolescence drinking could progress into late adulthood drinking habits, and may also be associated with suicide, car crashes, mental and social problems which is similar to the study done by [21]. This study further revealed that age was not significantly associated with alcohol consumption which is similar to findings done by [22].

Gender was not statistically contributing to alcohol consumption although males slightly predominated. This could be because there were and are usually more males offering medicine and surgery. This is in agreement with [23] who concluded that males are generally more daring and adventurous; and are more susceptible to

behind and close to another half saying it is wrong to go back to the party (49.2). When looking at the risk factors that could lead to alcohol consumption, 89.6% agreed that “if both parents drink, there is a high probability that the child will drink”. Only 29.1% versus 78.1% agreed that Binge drinking among young people has relationship with development of alcoholism later in life. Only 12.5% compared to 87.5% of the respondents said it is true alcohol use at an early age increased the risk of alcohol dependence. The findings also showed that the respondents were aware that alcohol consumption was strong associated with a risk to poor performance or drop out at school.

#### DISCUSSION

use alcohol and other psychoactive substances.

Another factor implicated in the levels of student drinking is to do with the demographic profile of the student body. Higher drinking rates were associated with where the student grew up and resided at campus. Students who grew up in urban area (68.5%) and those who lived off campus (98.2%) were more likely to drink alcohol than their counterparts. This finding is contrary to that of [22] in which the prevalence of alcohol consumption among students from rural areas was higher compared to those from urban; 23.3% and 8.3% respectively. The increment of number of those who take alcohol and live off campus (98.2%) could be attributed to the fact that majority of medical students offering medicine and surgery have limited slots in the university hostels and thus reside off campus.

According to [24], living of students out of their families or relatives was found to be a risk factor of alcohol drinking. This

risk might be understood due to the exposure in town and absence of family supervision, and lack of university alcohol policy. There are restrictions on where and when students can consume alcohol in residence but these are difficult to enforce and obviously non residence students are free to drink with little restriction in the various drinking outlets in town.

Over 59.4% of the students who lived with both parents consumed alcohol more than their counterparts from broken families. This may be attributed to familiarity with alcohol by the students who grow up in alcoholic homes and surroundings. For such students, alcohol consumption is part of life and is conceptualized as any other drink like water, tea or soda. This finding confirms the hypothesis that children of alcohol abusers are likely to have unrelenting abuse problems than the children of non-abusers [25]. This implies that the family has a key influence of alcohol consumption among its members. This is a contrast to study done by [26, 27]. Where children consume alcohol because they lack adequate advice from parents on social life including drug and alcohol abuse.

Over 67% of the respondents in this study admitted that they were introduced to alcohol by friends either at campus (32%) or at home (35.2%). This finding is similar to other studies that indicated that youths learn to consume alcohol from peers who also provide support for the habit [27, 28, 29]. This was further affirmed by the participants who reported that they took alcohol mostly (38%) due to peer pressure just like [30-32] purported that students affiliated to a company of alcoholics are likely to be alcoholics themselves since members of such groups are jeered at and not taken as grownups if they refuse to take alcohol. This clearly indicates that the home and university atmosphere determine the atmosphere that either promotes or restricts alcohol consumption. Though this study did not

Most university students were between the ages of 20 and 24 years which is the current student age for those who are in

explore the university policy on alcohol, it is evident that the policy may be lacking and if present, is not implemented and if implemented is not monitored.

In the present study, negative effects attributed to alcohol use by the respondents included regretted sex and unprotected sex, and risk of poor performance as well as drop out of university which is similar to other previous studies [31, 25]. As indicated earlier, most of these problems could be attributed to a binge-drinking pattern of behavior, rather than regular light use of alcohol. The high-risk sexual behavior is particularly ominous due to the high prevalence of HIV and other sexually transmitted infections.

This study also revealed a knowledge gap on risks of alcohol consumption among students in that alcohol was referred to as a mood-altering stimulant which is wrong as alcohol is a mood altering drug that depresses bodily functions and not a stimulant. There is clear need to inform and educate the students on alcohol and its negative effects of alcohol. This was seen clearly when the majority of the respondents' thought alcohol was a stimulant and not a depressant.

Although the majority of the respondents agreed that "if both parents drink, there is a high probability that the child will drink", only 29.1% agreed that binge drinking among young people is associated with development of alcoholism later in life and that alcohol use at an early age did not (87.5%) increase the risk of alcohol dependence. This clearly indicates that University students who abuse alcohol appear to find every reason to drink rather than avoid drinking. Therefore, the problem is how to inform students in a socially acceptable manner on how and when alcohol abuse affects them. While most university students said they knew the risks associated with alcohol they continue to drink excessively because this behavior is perceived as normal.

#### **CONCLUSION**

campus. The study found no significance relationship between use of alcohol and age, gender, religion, and year of study.

However, age of first drink was found to be later than the high-risk age of 14 years between 16 years old and above, with the youngest reported age being 7 years. The study has shown there is high consumption of alcohol among the students in the university who grew up in urban setting and those who resided off campus.

It has been observed that alcohol consumption among university students is a social phenomenon that is currently normative in nature in family norms and peer pressure play key roles in influencing alcohol consumption.

Even though most of the students are aware of risk factors associated with alcohol there is still need to promote information on alcohol. Most of the student's perceived alcohol is a stimulant. In line with the primary prevention of alcohol abuse with sensitization on alcohol, there is room for more information on alcohol and its negative effects. Even though education is an ineffective means of preventing alcohol-related harm as compared with measures like price controls and restrictions on alcohol availability and marketing, it is still important to educate the students in the effects of alcohol.

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