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THE EFFECTS OF SOCIO-CULTURAL INTERVENTION ON PERCEIVED SOBRIETY IN SELECTED REFERRAL HOSPITALS AND REHABILITATION CENTRES IN KAMPALA AND WAKISO DISTRICTS, UGANDA. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Alcohol presents a serious challenge worldwide; it is increasingly associated with negative consequences in developing countries including Uganda which bear the heaviest burden of diseases and injuries attributed to alcohol. Alcohol abuse is alarming despite the availability of treatment facilities in Uganda. The study objective was to analyze the effect of recovery interventions on perceived sobriety in Butabika National Referral Hospital and Serenity Rehabilitation Centre in the Wakiso and Kampala districts, Uganda. The post-positivist paradigm guided the study.

Methods

The research adopted a cross-sectional research design with a mixed-method approach known as simultaneous triangulation design. Using purposive sampling and simple random sampling, Data was collected, and questionnaires and interview guides were used. 338 subjects participated in the study. Quantitative data was analyzed using SPSS, and Pearson's product-moment correlation coefficient was employed in hypothesis testing. Primary data was collected using self – self-administered questionnaires and Focused group discussions to obtain in-depth results.

Results

Sociocultural intervention and perceived sobriety have r=0.544, with a probability value p=0.000 < a=0.01 suggesting a significant correlation. The null hypothesis was rejected; which implies that sociocultural intervention significantly positively correlates with perceived sobriety at a one percent level of significance. "Culturally, alcohol is taken when twins were born and at the initiation "wall" ceremony, a day for receiving the twins into the family, the birth of a new baby, marriage introduction, paying dowry and wedding ceremonies".

Conclusion

The more socio-cultural intervention is utilized in treatment facilities, the more sobriety is realized. Therefore, having workable socio-cultural intervention would help to reduce perceived sobriety.

Recommendation

The Ministry of Health through the mental health desk office encourages mental health practitioners to empower therapists in the treatment facilities to give more attention to using sociocultural intervention to address beliefs about excessive use of alcohol.

Keywords: *Alcohol, Recovery Interventions, socio-Cultural, Rehabilitation Centres.*
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Introduction

The majority of the global research about alcohol focused on the causes, effects, and consequences of alcohol and its dangers on humans and the economy, however, very limited research focuses on the culture since alcohol is an integral part of the culture which does not believe in the negative consequences of alcohol not until a person dies alcohol is not a problem but the person does not want to stop (Robert et al., 2011) this influenced the community perception hence making recovery process very challenging. To better understand, perceived sobriety in hospitals and rehabilitation centers, the study moved forward to focus on the nature of alcohol addiction, the influence of the recovery interventions on perceived sobriety, and determining the factors of recovery on alcohol addiction; the lack of empirically driven research to better understand the association between perceived sobriety and recovery interventions in Uganda energies the study.

Objective

To examine the effect of recovery interventions on perceived sobriety in Butabika National Referral Hospital in Kampala and Serenity rehabilitation centers in Wakiso districts in Uganda to come up with a model to address the challenges of alcohol addiction.

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Methodology

Study design

The researcher used a cross-sectional design to conduct the research among respondents in Butabika National Referral Hospital and Serenity Rehabilitation Centre in Wakiso and Kampala districts, Uganda. This design allowed the researcher to collect self-reported data to understand and make conclusions within a specific population at a place in a given period. It also allowed the researcher to study the same case simultaneously since data could be collected just once using a questionnaire about perceived sobriety.

Setting

The study examined the influence of alcohol addiction recovery interventions on perceived sobriety in the selected rehabilitation facilities in Butabika National Referral Hospital and Serenity Rehabilitation Centre. The unit of analysis focuses on the recovering alcohol addicts in the treatment facilities. The researcher identified the two most prominent treatment facilities in Uganda. Butabika National Referral Hospital and Serenity Rehabilitation Centre were selected as research sites due to their prominence in providing alcohol addiction treatment services in Uganda. Butabika Hospital is a leading mental health facility in the country, offering specialized services for addiction treatment, while Serenity Rehabilitation Centre is known for its comprehensive approaches to addiction recovery. By conducting research in these settings, the researcher aimed to gain insights into diverse interventions and experiences within both clinical and rehabilitation contexts.

Participants

The respondents comprised young adults aged 20-45 years receiving therapies at Butabika National Referral Hospital Kampala and Serenity Rehabilitation Center in Wakiso districts, Uganda.

Bias

The study used a sample of 338 respondents (drawn from the population of 2,800 in Butabika National Referral Hospital and Serenity rehabilitation center), results from which could not be generalized to the entire population of addicts in Wakiso and Kampala districts, Uganda which is about 5,000 addicts including service providers in central Uganda (UYDL, 2018/2019). The researcher tried to mitigate this by using statistical means based on the study area's population.

The study was also prone to questionable external validity since only content validity was used for qualitative data. Statistical representativeness was needed to understand a phenomenon. In this study, the generalizations made were statistical rather than analytical.

Looking at the weakness of the qualitative approach, the researcher used interviews and focused group discussion; the researcher obtained excess oral information during the survey interview. Interpretation was a challenge while the quantitative approach was limited to highly structured data, which required a scientific analysis method. To avoid the weakness, of each method, the researcher adopted the triangulation approach of combining the qualitative and quantitative approaches.

Study size

The researcher got 50 addicts and 15 service providers total of 65 respondents from Serenity Rehabilitation Centre while Butabika National Referral Hospital had a population of 2,407 addicts plus 328 service providers making a total of 2,735 and a general total of 2,800 target population.

Using Diliman's 2007 formula, the study obtained a sample size of three hundred thirty-eight (338) respondents; out of which Two Hundred and Ninety-seven (297) were addicts and Forty-One (41) were service providers.

Statistical methods

The sample size was determined using (Dillman's 2007), Formula for determining sample size:

$$S = \frac{NP\,(P)\,(1-P)}{NP-1(B/C) + (P)\,(1-P)}$$

S= Sample
NP= Number of Population
P= Population Proposition Magnitude Yielding the maximum Possible Sample Size = 50% =0.5
B= Sampling error = 5% = 0.05
C=Level of Confidence = 1.960

$$S = \frac{2800\,(0.5)\,(1-0.5)}{2800 -1(0.005)2+ (0.5)\,(0.5)}$$

$$\frac{1.960}{2800x0.25}$$

$$S = \frac{2799x0.0006507705+0.25}{700}$$

$$S = \frac{2799x0.0006507705+0.25}{700}$$

S= 2.0715066295 S=337.9 S=338

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Table: 1: Population size, sample size, and method of data collection

Category of respondents	Population size	Sample size	Sampling strategy	Strategy Methods of data collection and instruments
Addiction counselors	20	20 x 338 = 2 2800	Purposive	Interviews, (use of Interview guide) documentary review (use of documentary checklist), and electronic data recording (use of the phone for recording the interviews)
Psychological Counselors	125	125 x 338= 15 2800	Purposive	Interviews, (Interview guide) documentary review (documentary checklist), and electronic data recording (use of telephone)
Occupational Therapists	30	30 x 338= 4 2800	Purposive	Interviews, (Interview guide) documentary review (documentary checklist), and electronic data recording (use of telephone)
Psychiatric Nurses	168	168 x 338= 20 2800	Purposive	Interviews, (Interview guide) documentary review (documentary checklist) and electronic data recording (use of telephone)
Alcohol addicts	2,457	2,457x 338=297 2800	Simple random sampling	Questionnaires (questionnaire guide), focused group discussion (FGD guide), Observations (Observational checklist) and Documentary review (documentary checklist)
Total	**2,800**	**338**		

Source: Primary Data (2022)

The researcher used simple random sampling and purposive sampling to get the respondents. 297 questionnaires were distributed among addicts who were randomly selected from Serenity Rehabilitation Center and Butabika National Referral Hospital. Out of the 297 questionnaires, the researcher gave 50 questionnaires to respondents at Serenity Centre and 247 questionnaires were administered to the respondents at Butabika National Referral Hospital. The researcher received 47 questionnaires filled out of 50 and 03 questionnaires were not filled from Serenity Rehabilitation Centre. In comparison, 238 questionnaires were filled 06 questionnaires were not filled and 03 questionnaires were not returned by the respondents, from Butabika National Referral Hospital. The 09 questionnaires that were not filled were considered invalid while the 03 questionnaires that were not returned were considered lost since the respondents escaped from the treatment facility.

Data Analysis

Data was analyzed using descriptive and inferential statistics like mean, standard deviation, correlation coefficient, and qualitative data analysis involved content analysis

Quantitative Data Analysis

Quantitative data analysis involved using descriptive and inferential statistics like mean and standard deviation that helped the researcher organize data in a meaningful form and describe the data so that quantitative statements could be made. The study used Pearson's product-moment correlation coefficient to find out whether a relationship existed between variables and determined its magnitude and direction.

Path analysis was used to describe the directed dependencies among a set of variables path analysis to test out the many different ways one variable could affect another. The structural Equation Model (SEM) was used to analyze the structural influence of the relationship between the variables and latent constructs in the study. Thereafter, data interpretation and discussion were done using tables, and figures, and then presented in report form.

Hypothesis testing

The researcher used the Pearson Product Moment Correlation Coefficient ()

The Pearson Product Moment Correlation Coefficient is the most commonly used correlation measure. It is often used when both variables are continuous (parametric) i.e., if both have scores. The following formula is used:

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The following scores were obtained in social cultural intervention and perceived sobriety test

Addicts	Social Cultural Intervention (X)	Perceived Sobriety (Y)
A	3	6
B	2	4
C	4	4
D	6	7
E	5	5
F	4	4

The researcher would wish to test the Null hypothesis that no significant relationship exists between sociocultural intervention and perceived sobriety.

Qualitative Data Analysis

Qualitative data analysis involved content analysis. The researcher coded the data and grouped them according to similar ideas in the data grouping, as well as similar information together in categories relating different ideas to the content. The researcher further organized the data findings ideas and concepts using content analysis. The interview was used to transcribe verbatim data to support the questionnaire results. To strengthen the reliability and validity of the study findings, the questionnaire results were analyzed using HP Pavilion x 360 computer software**.** In the process of analyzing the data, the researcher drew meaning from the information collected.

Research Ethical Considerations

The researcher got a letter of introduction from the School of Postgraduate Studies and Research of Nkumba University, introducing the researcher to Clarke International University Research Ethics Committee for approval of the research proposal and got a letter of approval with UG-REC-015, CIURE/0216 and UNCST-SSI026ES. The researcher proceeded to submit the protocols to the National Council for Science and Technology for further approval to get the final letter of approval for going to the field to carry out the study.

The researcher introduced herself to the authorities of Butabika National Referral Hospital and Serenity Rehabilitation Centre to get a letter of acceptance to allow the researcher to collect data from their institution. The researcher followed the generally established principles regarding informed consent, confidentiality, and anonymity. Reading people's case files was a very sensitive issue. To protect the respondents' names, they were not required to write names on the questionnaire. The researcher also respected the respondents' views and gave them ample time to express their experiences during the focused discussion.

Data Collection

Data was collected using a variety of instruments that included questionnaires, interviews, and focus group discussions. Though the study adopted a post-positivist paradigm, both qualitative and quantitative data were collected. Qualitative data analysis involves making sense of the enormous amount of narrative data, that is looking for categories, patterns, and common themes that facilitate a coherent synthesis of the data (Meadow, 2003). Coding involves critically analyzing the data and identifying contents representing categories into which numerous pieces of data can be classified (Gay, 1996) to allow triangulation of results.

Data regarding socio-cultural interventions on perceived sobriety was analyzed both qualitatively and quantitatively. This was because all answered questionnaire items and interviews were organized and coded by categorization and processed. Finally, data on testing the hypothesis was analyzed quantitatively using Pearson's Product Moment Correlation Coefficient to measure the correlation because the two variables are continuous (parametric). The following formula was used: where, and the following scores were obtained in social cultural intervention and perceived sobriety test

Respondents (Alcohol Addicts)	Socio-cultural Intervention (X)	Perceived Sobriety (Y)
A	3	6
B	2	4
C	4	4
D	6	7
E	5	5
F	4	4

The researcher would wish to test the Null hypothesis that: There is no significant relationship between social-cultural intervention and perceived sobriety.

The data was put into categories (frequencies, Percentages, and proportions) to reflect the effect of the independent variable.

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RESULTS OF THE FINDINGS.

Table: 2: Demographic Characteristics of Young Adults receiving therapies at Butabika National Referral Hospital and Serenity rehabilitation Centre in central Uganda

		Frequency (N = 285)	Percentage (%)
Age in Years			
	20—25	55	19.3
	26—30	71	24.9
	31—35	95	33.3
	36—40	64	22.5
Gender			
	Male	213	74.7
	Female	72	25.3
Education Level			
	None	33	11.6
	Primary 1—7	44	15.4
	Senior 1—4	57	20.0
	Senior 5—6	63	22.1
	University or any institution	88	30.9
Marital Status			
	Married	89	31.2
	Single mother/father	44	15.4
	Separated/divorced	53	18.6
	Single	99	34.7
Occupation			
	Civil Servant	48	16.8
	Farmer	86	30.2
	Self –employed	97	34.0
	None	54	18.9

Source: Primary Source Data (2022)

From Table 2, the study findings show that most of the respondents, 95(33.3%) were in the age range of 31-35 years; while 71(24.9%) were in the age range of 26-30 years; 64(22.5%) were in the age range of 36-40 years and 55(19.3%) were aged 20-25 years. This shows that the majority of the respondents were mature enough to answer the questions correctly and hence had the basic idea of alcohol use and how one can get into addiction when subjected to excessive use.

Regarding gender, the majority of the respondents, 213(74.7%) were male whereas 72(25.3%) were female indicating that the number of males who participated in the study was greater than that of the females. Concerning the education level, the majority of the respondents, 88(30.9%) were at university or an institution level, whereas senior 5-6 education level 63(22.1%); while 57(20.0%), were senior 1-4 level; whereas, 44(15.4%) were of primary 1-7 level and those with non -educational level were 33(11.6%), indicating that most of the respondents were with high educational level, meaning that those who participated in the study were university or institution professionals in education. About the marital status, most of the respondents, 89(31.2%) were married, while 99(34.7%) were single, whereas 53(18.6%) were Separated/divorced and the lowest respondents 44(15.4%) were single mothers/fathers. This means that most of the respondents who participated in the study were married people followed by single people. Regarding occupation, most of the respondents, 97(34.0%) were self-employed, whereas, 86(30.2%) of the respondents were farmers 54(18.9%) of the respondents had no occupation and 48(16.8%) were civil servants who participated in the study. This means that the majority of the participants in the study were self-employed followed by farmers.

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Table: 3: Descriptive Statistics Results for Socio-cultural Intervention

Socio-cultural intervention	Mean	Std. Deviation	Interpretation
The therapy I receive in this rehabilitation Centre involves me as the only focus	3.17	1.26	Low
My goals as guided by the therapy providers are always in line with my life and cultural values	3.50	1.17	High
The therapists in this Centre have always integrated information about my culture that they get from me into the treatment	3.29	1.29	Low
My community lacks a stable social support system for alcohol users	3.57	1.25	High
My family and friends do not provide me with the social support	3.40	1.31	Average
The therapists have helped create a network of individuals including my family members to facilitate my recovery process.	3.72	1.01	High
The therapy providers always get along with me when I talk out some of my issues	3.46	1.22	Average
The therapy providers always demonstrate kindness towards me and my family wherever we are at the Centre	3.53	1.20	High
The therapy providers always share with me good experiences on the therapy that I receive against perceived sobriety	3.48	1.12	Average
Sub-Mean & Standard Deviation	**3.46**	**1.20**	

Source: Primary Data (2022)

The descriptive statistics result from Table 3, shows an aggregate (Mean = 3.46, SD = 1.20) which implies that there was a high level of socio-cultural intervention while the specific results show a high score level of therapists creating a network of individuals including family to facilitate recovery with (Mean =3.72, SD=1.01). This means that involving families, and communities in therapy can lead to the reduction of perceived sobriety hence resulting in recovery for some of the addicts. The score shows the average level of therapy in the rehabilitation center while other respondents scored low. This implies that there is a problem with the reduction of the level of perceived sobriety resulting in low or no recovery since culture is a problem to the recovery of the respondents as reflected in the table above.

Results from interviews, focused group discussions, observational checklist as well a documentary review from Butabika National Referral Hospital and Serenity Rehabilitation Centre on the effects of socio-cultural intervention on perceived sobriety.

The majority 26/30 of the respondents during an interview reported that culture plays a significant role in the recovery of patients from alcohol use if a healing method is applied in the treatment facilities. There seems to be no working traditional intervention apart from the Western approach, this makes it difficult to challenge the patients to use alcohol since the culture allows free use of alcohol in the families and community. However, patients express themselves to counselors as they discover the harm alcohol has done to their lives as they put emphasis on the importance of their culture and how it encourages the use of alcohol in the evenings for relaxation, enjoyment during parties, traditional ceremonies such as perfuming rituals, marriage ceremonies, funerals and problem-solving in the family and community. Awareness of their drinking behaviors, weaknesses, and vulnerability to alcohol may help them develop a willingness to change to get relief from the burden of alcohol use. The rapists try to organize family sessions together with the patients although some families do not respond to invitations. Some families are the cause of the addiction of their sons and daughters (predisposing factors) and such rarely attend sessions even when they are invited into therapy, which is part of the recovery process**.**

"Culturally, alcohol is taken when twins are born and at the initiation "wall" ceremony, a day for receiving the twins into the family. Other events like the birth of a new baby, circumcision "Embalu" for Bagisu and Sebei, marriage introduction, paying dowry "kwanjula" for Baganda as well as wedding ceremonies these days and many other celebrations in life all require drinking alcohol. On the list of items alcohol must not miss even if it is a funeral, culturally, the deceased must be sent off peacefully accompanied by farewell songs, dance eats and drink especially if it an elderly person who happened to die" ***(K.I.I, 2022).***

The results from the interview and focus group discussions on socio-cultural intervention revealed that,

culturally, alcohol use is encouraged for several reasons and it is never bad to take it except if it is not taken responsibly. Alcohol is part of a culture and was usually taken in the evenings for socialization, unity, togetherness, and when paying dowry. Alcohol is part of the items considered very important according to some cultures where some people are proud of being drunkards because it is passing forward to the generation what ancestors used to do, it is believed by some cultures that if one doesn't drink, and the father happens to die, people may not come to support them and would not be considered as one of the village members because one does not fit in the society so as result everyone especially men do take alcohol. Most cultures in Uganda encourage people to drink alcohol especially the traditionally made but nowadays the modern type is as well being consumed although it seems to be too strong compared to the locally produced, so if one is not careful, they can die of alcohol and it has already claimed many lives especially those who drink without eating food. On social-cultural intervention, one participant during an interview revealed that:

"Culturally, firstborn sons are treasured so much a typical example of myself, my father loved me so much that he would always send me to go and buy him some alcohol in the village or neighborhoods and he would give me some and I would take and feel good. Hardly did he know that I was becoming addicted as young as I was, when I reached senior secondary school, I would buy for myself and drink; after finishing S.4., I had my peer group; we would drink together. Eventually, my father was disturbed seeing that my life was getting out of hand with drinking. My parents decided to treat me using the traditional herb, which they gave me a mixture of local herbs with "waragi" alcohol; I vomited but after two months, I started again, they took me to the witch doctor to remove the spirit of drunkardness from me. The witch doctor made his demand of goat and chicken they gave and he performed his rituals on me; but after two weeks, I got back to drinking, again. They took me back to the witch doctor 3 times but I could not stop drinking. Finally, they brought me here to Butabika and left my father who introduced me to alcohol use. Do you think that when I go back home, am I going to stop drinking when alcohol is just in my home?" The rehabilitation facility is helping to keep me away from friends who drink, and from bars, but the answer is deep within me. My personal choice and decision is the answer to my recovery because recovery starts with my willingness to abstain from alcohol." **(K.I.I, 2022).**

More respondents during focused group discussion also said that culturally, there was traditional law guiding the community against misbehaving drunkards; elders were the ones giving advice, counseling, and guiding people on moral issues and how to live well with friends, neighbors, and society. Anyone found misbehaving is punishable by the community unlike today's generation, where no one is responsible for the neighbor's misbehaving child, even if you see the child stealing fighting, and abusing people. Considering the type of alcohol, traditional drinks like "Ntonto" are not like the tough modern processed ones, which are packed in Sackets and small battles. That is why the situation of alcohol use was in the past and this generation is different. That is why families don't understand and think that people just don't want to stop drinking.

One of the respondents said that:

"The environment here in the hospital is free from alcohol but life out there is full of alcohol the doctors are not going to follow me in the community and that is our problem; this is my third time being here in Butabika, life out there has defeated me yes, I try to keep sober, but after 2-3 or 4 months, I find myself back to square one of drinking seriously and I am brought to Butabika. Individuals and groups' misconceptions about alcohol intake can stigmatize and traumatize recovering people, being a drunkard is not being an outcast but the whole story begins small by small and then it becomes a problem and the family begins to see us as a problem and they don't understand us" **(K.I.I, 2022).**

Therefore, this implies that, culturally, it is normal to take alcohol and it is wrong for family and community to be criticized for drunkards; they were not the first to take "alcohol but their parents and ancestors were also drunk. The challenge is how the families, individuals, groups, and community failed to perceive alcoholism as a disease, some of these families don't seem to understand that an individual cannot stop taking alcohol because of the force pushing them to drink more and more. Counselors, however, are trying to help people but they are few and they seem to give more time for group sessions yet they need to deal with personal problems making one unable to do so without taking alcohol. It was noted that in Butabika Hospital and Serenity Rehabilitation Centre, there is no information linked to either culture or African culture instead, they linked the information to religion, especially the spirituality of Christianity but some other religions like Islam are not considered. The treatment facilities do not mind whether one prays or not but just give patients a lot of Google information to read and report during sessions.

However, most of the therapists use modern interventions, such as modern assessment tools they learned during the training, although some therapist tries exploring patients' cultural beliefs about the use of alcohol and how they handle the challenge of alcohol. The tools consider the history of addiction in the family lineage but not its impact on an individual's life as a problem. Some patients do not believe that counseling can help them recover from excessive use of alcohol since their great grandfathers or mothers and the entire family used to drink alcohol so one wonders why he or she was in the Butabika hospital or Serenity rehabilitation for treatment. Few patients take counseling seriously and attend counseling sessions while receiving medication to get relief. It is high time for therapists to look into the development of African ways of helping people who are addicted to alcohol.

Butabika National Referral Hospital is the only public government hospital in Uganda that treats patients with addiction as well as mental disorders. Most addicts lack support from families during the recovery process, yet, the families experience very big challenges with alcohol

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abuse hence recovery is a very big problem. Some families bring addicts to the treatment facility and fail to check on them for the entire period of 3 months minimum to a smaller extent, which does not consolidate their sobriety after discharge and most of the patients discharged do maintain sobriety while in the facility because they are restricted from using alcoholic beverages in the treatment facility. Patients present signs of wellness or recovery with no withdrawal symptoms resulting in their discharge. Only about 30% try to stay sober after discharge but the majority are brought back to rehabilitation for re-admission after relapse failure to keep sober.

However, some of the patients who went through therapy and took it seriously while in the rehabilitation/hospital and were actively involved in the treatment modalities such as being guided to have a work plan to-do list on daily and daily evaluation of self-examination in the rehabilitation and even at home after discharge may try to abstain for some time.

"We tell them about relapse triggers and the factors related to relapse and encourage them to keep appointments and avoid procrastination. Patients learn skills on how to manage life out there, but surprisingly, in less than half roughly about 1-2 months most of them relapsed due to the availability of alcohol in the vicinity, it becomes very challenging since most of our cultures do not condemn the use of alcohol but rather think that one who does not drink alcohol is sick or an outcast". ***KLL, 2022***

More emphasis needs to be put on addressing people's attitudes and beliefs about the use of alcohol in rehabilitation facilities.

Table: 4: Pearson's correlation coefficient for sociocultural intervention and perceived sobriety

		Socio-Cultural Intervention	Perceived Sobriety
Socio-Cultural Intervention	Pearson Correlation	1	.544**
	Sig.(2-Tailed)		
	N	285	285
Perceived Sobriety	Pearson Correlation	.544**	1
	Sig.(2-Tailed)	.000	
	N	285	285

*****. Correlation is significant at the 0.01 level (2-tailed).***
Source: Field Data (2022)

The results presented in Table: 4 show that the Pearson Product Moment Correlation Coefficient for socio-cultural intervention and perceived sobriety was r=0.544, with a probability value of p=0.000, which was, less than a=0.01 suggesting a significant correlation. This implies that sociocultural intervention significantly positively correlates with perceived sobriety at a one percent level of significance. This means that the alternative hypothesis1 is retained since the findings are by the alternative hypothesis1. The details of these results are shown in the qualitative results that follow as well as the results from perceived sobriety and the qualitative results.

Results of Hypothesis

The first null hypothesis was tested against the directional hypothesis. It stated that**:**

1. H0: There is no statistically significant effect of socio-cultural intervention on perceived sobriety in Butabika National Referral Hospital in Kampala and Serenity Rehabilitation Centre in Wakiso Districts in Uganda.

H1: There is a statistically significant effect of socio-cultural intervention on perceived sobriety in Butabika National Referral Hospital in Kampala and Serenity Rehabilitation Centre in Wakiso Districts in Uganda.

Rate of Admission of alcohol addiction in Serenity rehabilitation and Butabika National Referral Hospital

This presents the documentary review on the rate of admission of perceived sobriety at the Serenity rehabilitation center. Table 5 has the details.

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Table: 5: Statistics of alcohol use according to Serenity Rehabilitation Centre record

Items	2017	%	2018	5	2019	%	2020	%	2021	%	Total
Male general list	119	83.8%	99	86.8%	107	85.6%	89	80.2%	68	83.9%	**482**
Female general list	23	16.7%	15	13.2%	18	14.4%	22	19.8%	13	16.1%	**91**
Subtotal	**142**	**100%**	**114**	**100%**	**125**	**100%**	**111**	**100%**	**81**	**100%**	**573**
Male multiple users	72	79.1%	70	85.4%	70	86.4%	73	86.9%	68	79.1%	**353**
Female multiple users	19	20.9%	12	14.6%	11	13.6%	11	13.1%	18	20.9%	**71**
Subtotal	**91**	**100%**	**82**	**100%**	**81**	**100%**	**84**	**100%**	**86**	**100%**	**424**
Male alcohol users only	47	92.1%	29	90.6%	35	83.3%	16	76.2%	20	86.9%	**147**
Female alcohol users only	04	7.9%	03	9.4%	07	16.7%	05	23.8%	03	13.1%	**22**
Subtotal	**51**	**100%**	**32**	**100%**	**42**	**100%**	**21**	**100%**	**23**	**100%**	**169**
Grant Total	**284**	**24.9%**	**228**	**20.1%**	**248**	**21.8%**	**216**	**18.9%**	**162**	**14.2%**	**1,138**

Source: Primary Data (2022)

Statistical data of alcohol users in Table 5 on the general list at Serenity rehabilitation center reveals that 119 (83.8%) in 2017 were males, 2018 they were 99 (86.8%), 107 (85.6%) in 2019, 89 (80.2%) in 2020 and 68 (83.9%) in 2021. Among the females, they were 23 (16.7%) in 2017, 15 (13.2%) in 2018, 18 (14.4%) in 2019, 22 (19.8) in 2020 and 13 (16.1%) in 2021. As far as male multiple users were concerned, these were 72 (79.1%) in 2017, 70 (85.4%) in 2018, 70 (86.4%) in 2019, 73 (86.9%) in 2020 and 68 (79.1%) in 2021. The male alcohol user only was 47 (92.1%) in 2017, 29 (90.6%) in 2018, 35 (83.3%) in 2019, 16 (76.2%) in 2020 and 20 (86.9%) in 2021. on the side of the females, these were 4 (7.9%) in 2017, 3 (9.4%) in 2018, 7 (16.7%) in 2019, 5 (23.8%) in 2020 and 3 (13.1%) in 2021. The implication of the statistical data is that much as there are some fluctuations in the percentages, there is a remarked declining trend, especially among females over the years 2017-2021, which could presumably be due to the availability of some viable recovery interventions. In addition, the rate of admission of perceived sobriety between 2020-2021 was investigated in the summary of the findings.

Table 6: Rate of Admission on Perceived Sobriety between 2020-2021 in Serenity Rehabilitation Centre

Item category	Frequency	Percentage
Current admitted clients	31	26%
Referred clients	6	5%
Escaped client	1	1%
Discharged clients	83	69%
Total	**121**	**100**

Source: Primary Data (2022)

Results in Table 6 indicate that between 2020 and 2021 the admitted clients were 31 (26%), referred clients were 6 (5%), an escaped client was 1 (1%), and the discharged client were 83 (69%). the statistical data imply that an increase in discharged clients (69%) could be a result of some recovery interventions.

A documentary review of the rate of admission of perceived sobriety in Butabika was done. Table 6 has the details.

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Table 7: Rate of Admission on Perceived Sobriety in Butabika National Referral Hospital Statistics of Alcohol and Drug Addiction according to Butabika National Referral Hospital Record report.

Item Category	2017	%	2018	%	2019	%	2020	%	2021	%	Total
Male Alc Only	926	83.7%	1,831	86.4%	1,702	87.6%	868	87.4%	835	79.3%	**6,162**
Female Alc Only	180	16.3%	287	13.6%	240	12.4%	125	12.6%	218	20.7%	**1,050**
Subtotal	**1,106**	**100%**	**2,118**	**100%**	**1,942**	**100%**	**993**	**100%**	**1,053**	**100%**	**7,212**
Male Alc & Drug	1,237	92.3%	1,992	92.6%	2,098	89.5%	1,883	92.8%	1,959	87.3%	**9,169**
Female Alc & Drug	103	7.7%	159	7.4%	245	10.5%	147	7.2%	286	12.7%	**940**
Subtotal	**1,340**	**100%**	**2,151**	**100%**	**2,343**	**100%**	**2,030**	**100%**	**2,245**	**100%**	**10,109**
Grant Total	**2,446**	**14.1%**	**4,269**	**24.6%**	**4,285**	**24.7%**	**3,023**	**17.5%**	**3,298**	**19.1%**	**17,321**

Source: Primary Data (2022)

Findings in Table 7, show that the male alcohol users at Butabika were 926 (83,7%) in 2017, 1,831 (86.4%) in 2018, 1,702 (87.6%) in 2019, 868 (87.6%) in 2020, and 835 (79.3%) in 2021. among the females, there were 180 (16.3%) in 2017, 287 (13.6%) in 2018, 240 (12.4%) in 2019, 125 (12.6%) in 2020, and 218 (20.7%) in 2021. This implies that the number of males and females seems to have declined over 2019-2021. The male alcohol and drug users were 1,237 (92.3%) in 2017, 1,992 (92.6%) in 2018, 2,098 (89.5%) in 2019, 1,883 (92.8%) in 2020 and 1,959 (87.3%) in 2021. As for the females, they were 103 (7.7%) in 2017, 159 (7.4%) in 2018, 245 (10.5%) in 2019, 147 (7.2%) in 2020, and 286 (12.7%) in the year 2021. This means that there was an increase in the number of males who drank alcohol and drugs in the years 2017-2018 compared to 2020-2021. A similar trend is reflected among the females; an indication of some adoption of recovery interventions especially for the years 2020-2021. The rate of admission of Alcohol Addicts between 2020 and 2021 was also documented. The summary of the findings is reflected in Table 7.

Table 8. Rate of Admission of Alcohol Addicts between 2020-2021 in Butabika National Referral Hospital

Item category	2020	Percentage	2021	Percentage
Current admitted clients	615	61.9%	510	48.4%
Re-admission	198	19.9%	309	29.3%
Discharged client	180	18.1%	201	19.1%
Total	**993**		**1,020**	

Source: Primary Data (2022)

Study findings in Table 8 clearly show a decrease among the admitted clients from 615 (61%) to 510 (48.4%) in 2020-2021. However, the re-admission cases over the same period increased from 198 (19, 9%) to 309 (29.3%) cases. a similar trend is portrayed for discharged clients with 180 (18.1%) in 2020 and 201 (19.1%) in 2021. This could presumably imply that there was some inadequate use of recovery interventions.

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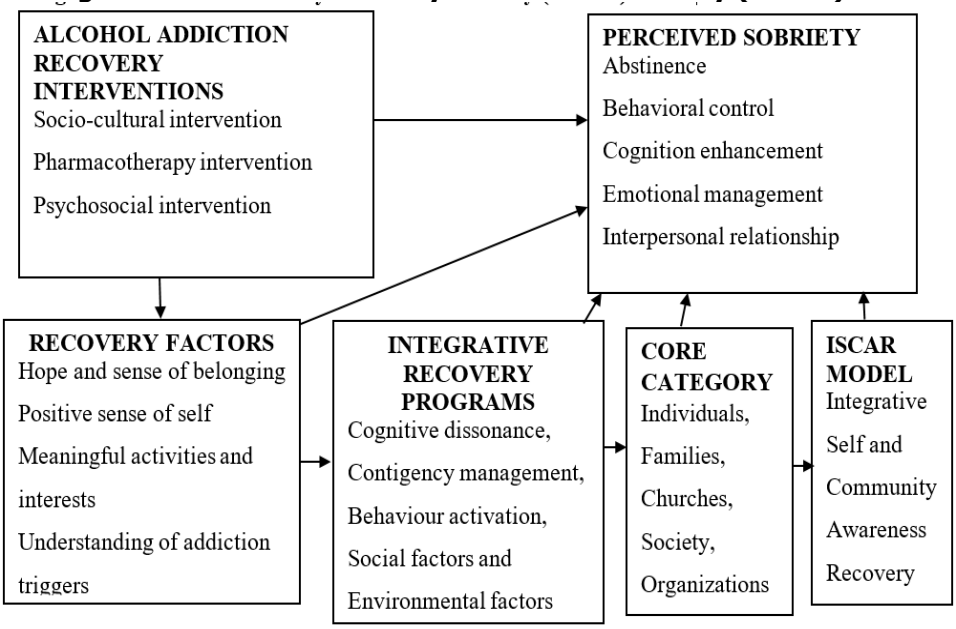
Contribution to Knowledge (ISCAR Model)
Integrated Self and Community Awareness Recovery (ISCAR) Model



Source: Developed by the researcher from the study findings

The ISCAR Model works in a way that Alcohol Addiction Recovery Interventions use the parameters and the programs to create change to support the recovering addicts to view life meaningfully compared to living a life of addiction. It helps the recovery addicts to minimize excessive use of alcohol and maintain sobriety. Integrative Recovery Programs are vital in enhancing the recovery factors such as hope and sense of belonging, positive sense of self, meaningful activities and interests, and understanding of addiction triggers which have a direct influence on perceived sobriety and empower the ISCAR Model comprising of Integrative Self and Community Awareness together with Recovery to minimize perceived sobriety.

Feasibility of the Integrative Self and Community Awareness Recovery (ISCAR) Model

Recovery is reflected by the experiences of sobriety or fruitful existence in addition to the remediation (BFI Consensus panel 2007) as the study findings named it ISCAR model such as socio-cultural, pharmacotherapy, and psychological to address the internal locus of control as one of the aspects to address the desire for excessive use of alcohol. This helps the individuals to manage continued vulnerability and develop healthy, productive, and meaningful lives. In addition, White (2007) noted that recovery is the process of resolving addiction issues with the development of cognitive, emotional, physical, educational, relational occupational, and ontological health while Hansen, Ganley, and Carlucci (2008) revealed that, recovering individuals' experience commitment to serve, positive outlook and attitude about life and established relationships.

The theoretical foundations of the study in Chapter Two and the empirical evidence from the study findings in Chapter Six enabled the researcher to develop and propose a new and more dynamic model that can reduce perceived sobriety. The Integrative Self and Community Awareness Recovery (ISCAR) model was developed and proposed. This new hybrid dynamic recovery model was developed as an attempt to integrate the viable aspects of the previous models, namely: the Recovery pathways model, Psychosocial Model, and AA Model of intervention in an endeavor to come up with a diversified recovery approach.

This proposed recovery model was pilot-tested in the non-study areas. To achieve this, the researcher purposively selected 25 participants. Participants in all the respondents' categories were requested to give their opinions on the feasibility or applicability of this new recovery model vis-à-vis the previous models. The respondents were exposed to the various viable elements or aspects of the three previous models and asked to compare them with those of the newly proposed one as regards recovery from alcohol addiction. All the responses gathered were summarized and tabulated to indicate the degree of preference and feasibility of the new proposed recovery model.

DISCUSSION OF SOCIOCULTURAL INTERVENTION ON PERCEIVED SOBRIETY

The results of sociocultural intervention on perceived sobriety have r=0.544, with a probability value p=0.000 <

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a=0.01 suggesting a significant correlation. The null hypothesis was rejected; which implies that socio-cultural intervention significantly positively correlates with perceived sobriety at a one percent level of significance. This means that the alternative hypothesis 1 is retained although the findings are partially by hypothesis 1. However, the qualitative results show that there was a problem with the reduction of the level of perceived sobriety resulting in no recovery, since culture is a problem for the recovery of the respondents as reflected in the findings. The results as fitted in the model for sociocultural intervention have got insignificant positive effect on the level of perceived sobriety (b = +.175, p-value =.117). This result shows that keeping other factors in the model constant, a unit increase in the use of socio-cultural interventions leads to an increase in the level of perceived sobriety, an implication of reduced alcohol recovery levels, and vice versa. This result was however not significant. This, therefore, calls for further phenomenological study investigation to come up with better cultural and traditional recovery interventions that may lead to reduced sobriety.

Similarly, excessive use of alcohol today is one of the most risky health behavioural factors in history and it is increasing at an alarming rate globally. Socio-cultural practices are contributing to the misuse and abuse of alcohol. Alcohol misuse has become increasingly high due to socio-economic changes and socio-cultural practices and the availability, accessibility, and affordability of alcohol in the communities. However, prevention and treatment are focusing on urban and metropolitan areas neglecting rural and under-developed areas. Therefore, there is a need for community education programs to address the challenge of abuse of alcohol, initiating informative awareness prevention programs to disseminate knowledge and change attitudes and behavior on the impact of sociocultural practices towards the use of alcohol.

The rate of admission of Alcohol Addicts between 2020-2021 was also documented. However, the re-admission cases during the same period increased from 198 (19, 9%) to 309 (29.3%) cases; a similar trend is portrayed for discharged clients with 180 (18.1%) in 2020 and 201 (19.1%) in 2021. This could presumably imply inadequate use of recovery interventions. Conversely, specialized treatment Centres in Uganda use the Minnesota model of chemical dependency with a strong emphasis on Alcoholics Anonymous (AA) 12-step as a tool for recovery and relapse prevention.

However, despite the availability of rehabilitation centers and Butabika National Referral Hospital meant to treat addicts, perceived sobriety is still a problematic pattern resulting in relapse leading to clinically significant impairment or distress, as manifested by at least two of the following: occurring within 12 months about the study findings of socio-cultural intervention Results in Full Model, indicated a positive insignificant direct effect on perceived sobriety (β=0.06, P=0.930 > 0.005). This means that increasing sociocultural intervention has no feasible effect on recovery and that is why alcohol was often taken in larger amounts or over a longer period than was intended, there is a persistent desire or unsuccessful efforts to cut down or control alcohol use; a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects and craving, or a strong desire or urge to use alcohol, recurrent alcohol use failing to fulfill major role obligations at work, school, or home.

Focusing on A documentary review on the rate of admission on perceived sobriety at Serenity Rehabilitation Center was done. The results indicated that as much as there are some fluctuations in the percentages, there was a remarked declining trend, especially among females over the years 2017-2021, which could presumably be due to the availability of some viable recovery interventions. Similarly, alcohol is one of the serious psychiatric problems that reduce the quality of life of the patient and of the family as well as the society. It is among the most frequent conditions in which patients are readmitted due to the challenge of relapse. ISCAR model encourages the therapist to consider conditions that lead to readmission to reduce the rate of admission because of perceived sobriety. Often, symptoms improve for a while and then the need to take more emerges day by day due to tolerance in the long term. Hospitalization is unavoidable at this time because the step in the treatment of the symptoms is detoxification therapy, which is usually performed on the inpatients at the rehabilitation center. However, ISCAR advocates for integrative application, which caters to the individual holistically rather than fragmented parts of a human person.

Statistics on alcohol and drug addiction according to the Butabika National Referral Hospital Record report were obtained. Study findings indicated that there was an increase in the number of males whose alcohol and drugs in the years 2017-2021 complete 2022-2023. A similar trend is reflected among the females; an indication of some adoption of recovery interventions especially for the years 2020-2021. Addicts are more likely to remain sober if they identify strongly with a recovery interventions group and are followed up closely after discharge. The study findings still revealed that follow-up of patients after discharge is not done in Butabika National Referral Hospital due to the limited human resources in the psychology department.

On the other hand, much as the socio-cultural intervention was meant to help improve physical health, and reduce sobriety or eliminate the use of alcohol; Lui et al., (2008), noted that most communities are not informed about the treatment processes of alcohol-related social problems. The findings on sociocultural intervention have got a positive significant indirect effect on perceived sobriety through a positive sense of self, (β=.192, P=0.012**> 0.05). This means that, the more sociocultural intervention, the more positive sense of self to a feasible recovery level. Ugandan alcohol treatment must be examined further, to know whether the available treatment programs are effective and efficient. On top of that, future research and treatment programs should focus on operationalizing recovery interventions finding a way to use them to overcome AUD-related problems, making the lives of recovering alcohol abusers more meaningful, and improving their Quality of Life (Cloud and Granfield,

2008). More effort is required to help people increase their recovery capital to overcome their AUD and AUD-related problems. The lack of sensitization of the community about the significant use of recovery intervention strategies is a gap that the ISCAR model was set to introduce in the treatment facilities to help understand the dangers of cultural beliefs and attitudes about the use of alcohol to reduce perceived sobriety. The study findings revealed an average and low use of socio-cultural intervention in the treatment facilities, making culture responsible for encouraging the use of alcohol; however, the newly established ISCAR model is meant to strengthen the existing interventions to focus on long-term sobriety which can be achieved by reduction of perceived sobriety in the treatment facilities to enhance sobriety.

Conclusions

In conclusion, the result from the findings revealed that, there is a statistically significant relationship between sociocultural intervention and perceived sobriety; meaning that sociocultural intervention leads to perceived sobriety since culture plays a very significant role in encouraging the use of alcohol in families and communities. The study revealed that counselors need to give information based on the African way of solving problems of excessive use of alcohol. Alcohol is part of the items considered very important according to some cultures where some people are proud of being drunkards because it is passing forward to the generation what the ancestors used to do.

Recommendations

The study recommended that the Ministry of Health (MH) through the Mental Health Desk office (MHDO) should encourage mental health practitioners to empower therapists in the treatment facilities to give more attention to addressing issues related to socio-cultural beliefs about the dangers of excessive use of alcohol in human life to increase sobriety in the treatment facilities and after discharge rather than relapse.

There is a further need to explore more about the traditional (cultural) interventions to reduce perceived sobriety so that the African traditional model could be developed to address the challenge of perceived sobriety.

There is a need for careful identification of lawmakers who can support the serious and strict implementation of alcohol laws since there is too much tax pay for the alcohol business resulting in compromise by policymakers, hence implementation has become a challenge.

Therapists need to put more emphasis on the follow-up of recovering addicts to enhance sobriety, and the involvement of families and traditional leaders in addressing the dangers of culture in the promotion of use of alcohol, this would enhance long-term sobriety after discharge rather than relapse.

Therapists in collaboration with traditional leaders may come up with traditional healing interventions to be used in the treatment facilities other than using Western therapeutic interventions, which do not fit African culture recovery from alcohol abuse.

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List of abbreviations

AA	Alcoholic Anonymous
ARI	Alcohol, Recovery Interventions
BNRH	Butabika National Referral Hospital
IRP	Integrative Recovery Programs
ISCAR	Integrative Self and Community Awareness Recovery
MH	Ministry of Health
MHDO	Mental Health Desk Office
MI	Motivational interviewing
NH	Null Hypothesis
NMH	National Mental Health
PS	Perceived Sobriety
SCI	Socio-cultural Intervention
SDGs	Sustainable Development Goals
SEM	Structural Equation Model
SRC	Serenity Rehabilitation Centre
SUDs	Substance Use disorders
UYDL	Uganda Youth Development Link
WHO	World Health Organization

Conflict of interest

Too many treatment facilities have been established in Uganda in the name of providing treatment for addicts however it seemed to have very little effect but the majority of addicts after 3, 6 to 9 months stay in the treatment facilities still relapsed and even got worse than before. Rehabilitation facilities seem to have become business centers rather than treatment places. There is a high cost of about 75,000/= to 90,000/= 20 to 24 USD charged per day per client, yet the majority of the population abusing alcohol cannot afford such an amount. Or at the list of those who have gone through rehabilitation maintain sobriety rather than relapse, but the majority keep relapsing.

The external validity of the study results

This study might contribute to a better understanding of the consequences of perceived sobriety and the factors associated with the addiction recovery process thereby improving healthy livelihood in Uganda.

The study findings might encourage policymakers to seriously implement policies set to control excessive use of alcohol thereby, reducing the prevalence of alcohol addiction in Uganda and beyond.

The study findings would help government and humanitarian organizations to intensify the campaign against local brewery industries and to give more support to private rehabilitation centers. In conformity with GOU et al, (2011) the government of Uganda recognized its responsibility to protect society against the harmful use of alcohol and supports the efforts by researchers, individuals, families, communities, and institutions to prevent the harmful use of alcohol.

The findings of the study would pave the way for all the professionally trained psychological counselors to focus on addressing the whole person, not a fragmented piece. This would help Butabika National Hospital and Serenity Rehabilitation Centre to improve their services in addressing issues related to perceived sobriety.

All the rehabilitation centers and psychological counselors in Uganda might be encouraged to adopt and apply this newly initiated alcohol addiction recovery intervention model to address issues related to perceived sobriety to see meaning in life. This would encourage psychological counselor training institutions to revive their skills, techniques, and interventions as they work with clients. Although, (Kalema et al, 2015) reported that the bulk of health professionals lack sufficient skill to diagnose and treat individuals with perceived sobriety as well as (Kalema et al, 2017) reported that patients with perceived sobriety were managed in primary health facilities yet there is lack of pharmacotherapy and psychosocial interventions and the services.

The study could influence therapists to gain a better understanding and empower families and communities to support the individuals using alcohol on a positive sense of living and keeping responsible sobriety or abstinence and even voluntarily seeking rehabilitation or treatment in cases of relapse from alcohol and other alcohol-related problems.

Alcohol undermined commitment to achieve number 13 of 17 United Nations Sustainable Development Goals (SDGs) by impacting health-related challenges such as liver cirrhosis, and road injuries as well as economic challenges and social development WHO, 2018. This would help enablers, and co-dependents to receive healing, and recovery as well hence the promotion of wellness. This policy will contribute to the achievement of alcohol-related strategic development goals targeting number 3.4 on the reduction of mortality due to non-communicable diseases by 2030.

Author Biography

Lindrio Celestine is a Professional Counseling Psychologist and a PhD candidate in Counselling Psychologist. She has a degree of Master of Arts in Counseling Psychology; she specialized in Marriage and Family Psychotherapy with Bishop Magambo Counselor Training Institute branch of Uganda Martyrs University Nkonzi 2011 intake and graduated in 2014. Has researched on:

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- Psycho-Social Approaches to Community Empowerment, Transformation and Development Course at KBUC –Uganda 2009
- Training for Graduates on Intelligent Common Sense and Career Wisdom at KBUC-Uganda 2010
- Human Sexuality and Human Relationships Marriage and Family at KBUC-Uganda 2010
- Becoming a Life Skills Trainer for youth and community members in East Africa at KBUC-Uganda 2010
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- Teaching and Learning in the 21st Century at KBUC Uganda 2013
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- A Good Home; a Foundation of a Stable Nation The Counselors Role 2015. UCA Conference 13th-15th May 2015 at Makerere University the School of Food Science and Technology Conference Hall 2015
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- 4th Uganda Clinical Psychology Association (UCPA) with Uganda Behavioral Health Alliance Conference (UBHAC). 2018 East African Conference theme: Healing Rifts and Nurturing Resilience: Trauma, Treatments, and Traditions Focusing on East Africa 26th -27th April 2018 at the University of Kisubi Nabinoonya Beach – Uganda 2018
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- Attended conference on Covid 19 awareness by the Association of Religious in Uganda (ARU) Secretariat - 2021
- Attended the 3rd international research conference at Nkumba University 18th April, 2024

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