

**SOCIO-ECONOMIC AND PSYCHO-SOCIAL EFFECTS OF ALCOHOLISM AMONG PATIENTS
ATTENDING ALCOHOL AND DRUG REHABILITATION CENTER, BUTABIKA HOSPITAL,
KAMPALA DISTRICT. CROSS-SECTIONAL STUDY.**

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Abstract

Background

Socio-economic and psycho-social effects of alcoholism among patients attending alcohol and drug rehabilitation center, Butabika Hospital, District. The study aims to assess the socio-economic, psycho-socio, and health-related effects of alcoholism among patients.

Methodology

A descriptive cross-sectional design using quantitative method of data collection. Purposive sampling technique was used to obtain data from respondent. Data was tallied manually using a pen, paper and a tally sheet and information got after tallying presented it in form of frequency distribution tables, pie charts and graphs using Microsoft excel and word document.

Results

60.4% were males, 31.3% were 28-32 years old, 14.7 of the respondents were married, more than 33.3% of the respondents were secondary dropouts, 33(68.8%) had never been neglected after taking alcohol, 32 (66.7%) took alcohol daily, 29(60.4%) said they could not do without alcohol, 29(60.4%) had fought at their home or with their partner after taking alcohol. 34(70.4%) felt anxious after consuming alcohol. The majority, 25(52.1%), did not get depressed after taking alcohol. The majority, 43(89.6%), said they lacked sleep, experienced low sexual performance and frequent urination after taking alcohol, and constipation after taking alcohol. The majority, 41(85.4%), said they experienced a racing heart after taking alcohol and vomiting. 31(64.6%) said they had ever been involved in an accident after taking alcohol.

Conclusion

The majority of respondents consume alcohol daily and fight at home and with their partners. The majority feel anxious after taking alcohol, and fewer respondents feel depressed. Health-related effects of alcoholism among patients attending alcohol and drug rehabilitation centers, the findings show that the majority of respondents lacked sleep, experienced vomiting, and experienced accidents after taking alcohol.

Recommendations

The Ministry of Health should develop and offer a holistic range of support services that address both socio-economic and psychosocial needs.

Keywords: Socio-economic effects, Psycho-socio effects, Health-related effects, Alcoholism among patients.

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Background

Alcoholism is also known as alcohol use disorder (AUD), it's a chronic, relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using it. According to NIAAA (2023), the effects of alcoholism are impacts that result from uncontrolled alcohol intake, and these include a wide range of physical, mental, social, and economic consequences. 623,000 people between the ages of 12 and 17 have alcohol use disorders. About 88,000 people die of alcohol-related causes every year in the United States. It's the third-leading cause of preventable death in the country after tobacco and poor diet and exercise choices. Unfortunately, less than 7 % of those suffering from an alcohol use disorder seek treatment for the disease (WHO, 2018). According to the WHO in the Global Status Report on a report on alcohol and Health in 2018, the current drinkers consume 32.8 grams of pure alcohol per day, and this is some 20% higher (40.0g/day) in the African region. The distribution of alcohol consumption across countries in Africa is very heterogeneous, and the type of drinks consumed differs geographically. Around one-third of all the alcohol consumed in Africa is "unrecorded" (1.8 L per capita, per year), often being home-brewed through artisanal production, either by fermenting malted grains, fruits, sugar cane, honey, or palm trees or by distilling them (Carina Ferreira-Borges et al, 2017).

East African countries had a 43.70% prevalence of substance abuse coverage, including alcohol. Education level, age, current working status, marital status, wealth index, media exposure, residence, and nation were all found to be statistically associated with the substance use of males. The pooled prevalence of substance user coverage in the 11 East African countries was 43.70%. Rwanda (12.10%), Comoros (23.90%), and Zambia (74.8%) were the countries with the smallest proportions of substance user coverage. In Mozambique (76.70%), Ethiopia (68.70%), and Uganda (65.60%), the prevalence of substance abuse among men was high. As a result, substance control programs should focus on the poor, not least educated, rural people, and adult age groups, who are the region's most vulnerable social groups (Kenaw .D et al, 2022). Our previous research has also reported an association between alcohol use and commercial sex work (Monica H. Swahn et al, 2019). Violence (Swahn M.H., 2018). The prevalence of alcohol consumption was generally high. Multivariate logistic regression showed a significant gender difference in the consumption of beer and spirits. The easy access to alcohol challenge can be handled by policymakers by establishing an effective system for domestic taxation on alcohol that raises the final

price of alcohol so that vulnerable children and adolescents cannot afford it. The advertising standards restrict the use of direct and indirect price promotions, discount sales, sales below cost for unlimited alcohol consumption, advertising times, and content in advertising scripts. Monitoring these standards is the responsibility of the Uganda Communications Commission (The Independent, 2023). The purpose of the study is to assess the socio-economic, psycho-socio, and health-related effects of alcoholism among patients

Methodology

Study Design

The researcher used a descriptive cross-sectional design using a quantitative method of data collection, as this would enable the researcher to obtain diverse information at a single point in time, at less cost and within the shortest time possible. The study was carried out for a period of three weeks in the month of June, 2024, and the researcher utilized this period of time to gather all required information to be presented in the report.

Study Area

Butabika National Referral Hospital is located in Butabika, a neighborhood within Kampala. Butabika lies in the southeastern part of the city, in the Nakawa Division, adjacent to the northern shores of Lake Victoria, Africa's largest fresh-water lake. This location is approximately 10.5 kilometers (6.5 mi) by road, east of Kampala's district. Butabika Hospital is about 12.5 kilometers (8 mi) southeast of the Hospital. The coordinates of Butabika Hospital are: 0°18'57.0"N, 32°39'33.0" E (latitude: 0.315845 and longitude: 32.659160). The mental health services provided for patients at Butabika Hospital include general mental health care services and super specialized services in the areas of Alcohol and Drug Abuse, Psycho-trauma, and Child and Adolescent mental health care.

Study Population

All patients with Alcohol Use Disorder attending the Alcohol and Drug Rehabilitation Center at Butabika Hospital have been considered and recruited to participate in the study during the study period.

Sample Size Determination

The sample size was determined using Burton's formula (1965)

Sample size (n) = QR/O

Where,

Q- Total number of days taken for data collection

R- Maximum number of respondents who were interviewed per day

O- Maximum time that was taken on each respondent per day.

Values: Q= 16 days

R= 3 respondents.

O=1 hour

Therefore, $n = QR/O$

$N = (16 \times 3)/1$

=48 Respondents

Therefore, 48 respondents were used in the study for the cross-sectional study.

Sampling Technique

The purposive sampling technique was used to obtain data from respondents because it enabled a researcher to select participants who share specific characteristics.

Sampling Procedure

A purposive sampling technique was used to get 48 respondents to participate in the study among patients. The CAGE (Cutoff, Annoyed, Guilty, and Eye) test will be used to select individuals who score 2 and above will be selected to participate in the study.

Data Collection Methods

The study employed both self-administered and researcher-administered questionnaire techniques in the collection of data. This was used in order to make sure that every respondent is comfortable with the study and doesn't face challenges due to failure to interpret the questions.

Data Collection Tools

The study used a semi-structured questionnaire with closed-ended questions written in English to obtain data from respondents, because it's accurate, enables the researcher to acquire quick data, and it's cheap for a defined group of individuals.

Data Collection Procedure

After obtaining consent from the respondents, the researcher fully explained the questions in the questionnaire to the respondents. For illiterate respondents, the researcher interpreted and translated English questions in the questionnaire into their local language. Self-administered and researcher-assisted questionnaires were used to collect data. Each filled questionnaire was thoroughly checked for accuracy and completeness by the researcher. The interview lasted for 30-40 minutes to avoid loss of concentration from the respondents.

Study Variables

Dependent Variable

The dependent variable was the socio-economic, psycho-social, and health-related effects of alcoholism.

Independent Variables

The independent variable was Alcoholism among patients.

Quality control

Pretesting of the research tool

The relevance, reliability, and suitability of the research tool was assured through pretesting of the questionnaire on 10% of respondents at Alcohol and Drug Rehabilitation center, Mulago Regional Referral Hospital, there after the questionnaire will be edited to fill in all the missing information and all ambiguous questions be removed, and 30 minutes will be given to collect the data.

Piloting the study

The researcher visited the facility before the study, sought permission from the responsible people, and checked on the conditions in the area to see if they are relevant to the research study, the clients within the health facility, and if the study area qualifies for the research before carrying out the actual research.

Inclusion criteria

The clients who attended the Alcohol and Drug Rehabilitation Center, Butabika Hospital, on research days consented and were willing to participate in the study.

Exclusion Criteria

The clients who attended the Alcohol and Drug Rehabilitation Center, Butabika Hospital, on research days didn't consent and were not willing to participate in the study.

Ample time for data collection

Each respondent took 30-40 minutes to respond to the questions.

Adherence to standard operating procedures (SOPs)

The researcher adhered to the standard operating procedures to avoid the transmission of infections, such as washing hands and wearing face masks.

Data analysis and presentations.

The researcher tallied the data manually using a pen, paper, and a tally sheet, and the information obtained after tallying was presented in the form of frequency distribution

tables, pie charts, and graphs using Microsoft Excel and a Word document with narratives following them.

Data management

To ensure that there was no mistake or uncovered areas, data editing was accurately done before leaving the field, and mistakes found were corrected before leaving the study area. The data obtained was stored in notebooks and flash disks as a backup of data to avoid the risk of data loss. Questionnaires were then kept in a safe locker under key and lock until data analysis for privacy and confidentiality.

Ethical Considerations

The research topic was approved by the research committee of Kampala Institute of Health Professionals, and the letter offered was presented to the Medical Director of Butabika National Hospital, who referred the researcher to the person in charge of the Alcohol and Drug Rehabilitation Center to seek permission to conduct the study. Respondents consented before participating and filling out the questionnaire by signing the consent form, and information of no incentive was provided to many respondents to be able to get data then, and information was kept private and confidential until the time for data analysis was reached.

RESULTS

THE DEMOGRAPHIC FACTORS OF PATIENTS ATTENDING ALCOHOL AND DRUG REHABILITATION CENTER, BUTABIKA HOSPITAL.

Table 1: Shows respondents' demographic characteristics

Variables	Category	Frequency (f)	Percentage (%)
Gender	Female	19	39.6
	Male	29	60.4
TOTAL		48	100
Age (Years)	18-22	6	12.5
	23-27	8	16.7
	28-32	15	31.3
	33-38	12	25
	39-43	7	14.6
TOTAL		48	100
Marital status	Single	17	35.4
	Married	20	41.7
	Divorced	11	22.9
TOTAL		48	100
Education level	None	0	0
	Primary	8	16.7
	Secondary	16	33.3
	Tertiary Institution	13	27.1
	Degree	9	18.8
TOTAL		48	100
Occupation	Peasant farmer	14	29.2
	Business owner	14	29.2
	Civil servant	12	25
	Unemployed	8	16.7
TOTAL		48	100
Residence	Town	33	68.8
	Village	15	31.3
TOTAL		48	100

Table 1, regarding Gender, most of the respondents, 29(60.4%), were males, while the least 19(39.6%) were females.

Regarding Age, most of the respondents 15(31.3%) were 28-32 years while the least 6(12.5%) were 18-22 years.

Regarding Marital status, most of the respondents, 20(44.7%), were married, while the fewest were 11(22.9%), were divorced. Regarding Educational level, most of the

respondents, 16(33.3%), were secondary dropouts, while the least 8(16.7%) were primary dropouts. In regards to occupation, most of the respondents, 14(29.2%), were peasant farmers and business owners respectively, while the least 8(16.7%) were unemployed. Regarding Place of residence, most of the respondents, 33(68.8%), were from town areas, while the least 15(31.2%) were from village areas.

SOCIO-ECONOMIC RELATED EFFECTS OF ALCOHOLISM AMONG PATIENTS IN ALCOHOL AND DRUG REHABILITATION CENTER.

Figure 1 shows respondents' responses on whether they have ever neglected their family after taking alcohol.

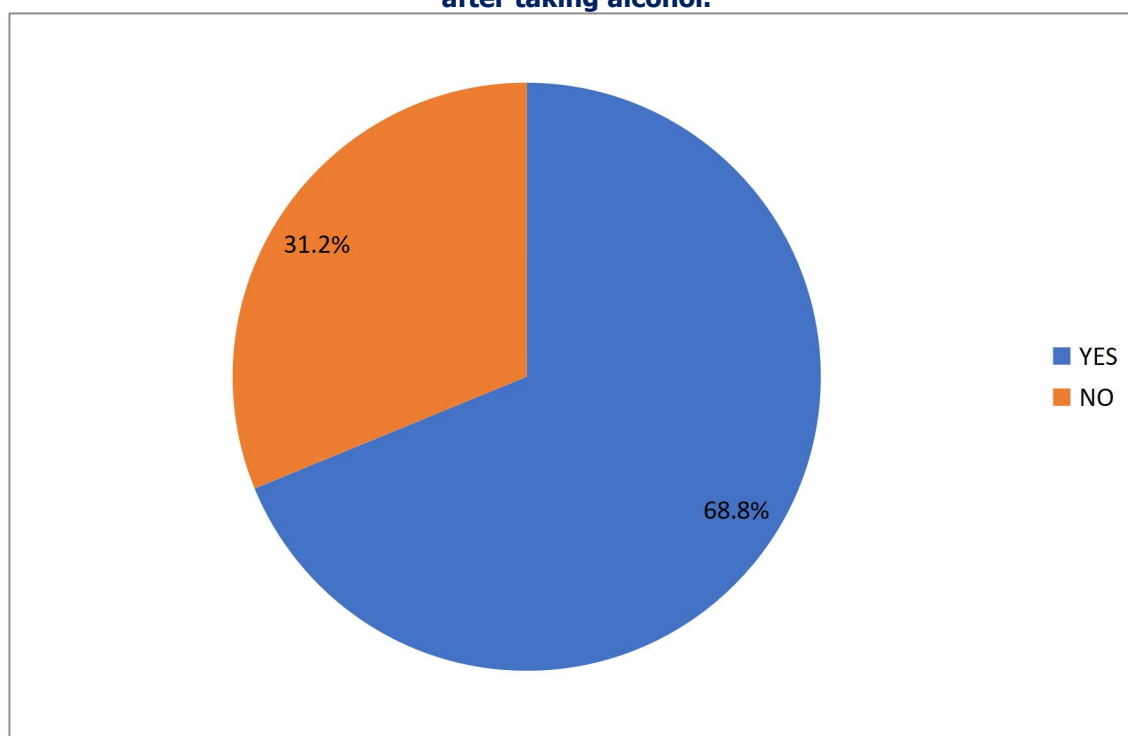


Figure 1, regarding the respondents' responses about whether they have ever been neglected after taking alcohol, showed that 33(68.8%) of the respondents said yes, while the least 15(31.2%) said no.

Figure 2: Shows respondents' responses about how often they were taking alcohol.

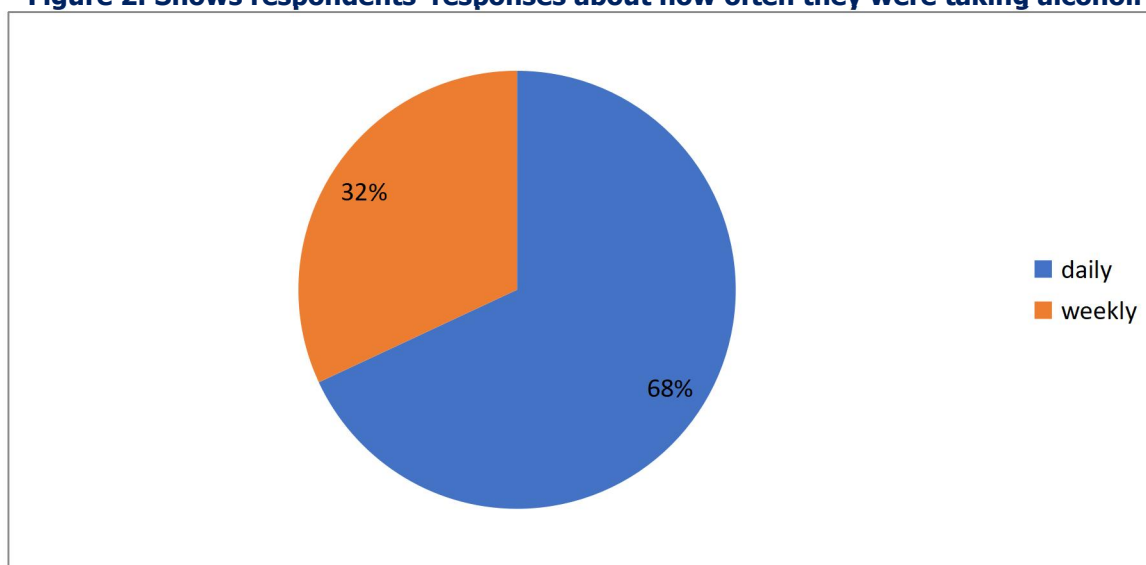


Figure 2, regarding the respondents' response about how often they take alcohol, showed that 32 (66.7%) of the respondents said daily, while the least 16 (31.3%) said weekly.

Figure 3: Shows respondents' responses about whether they can do without alcohol.

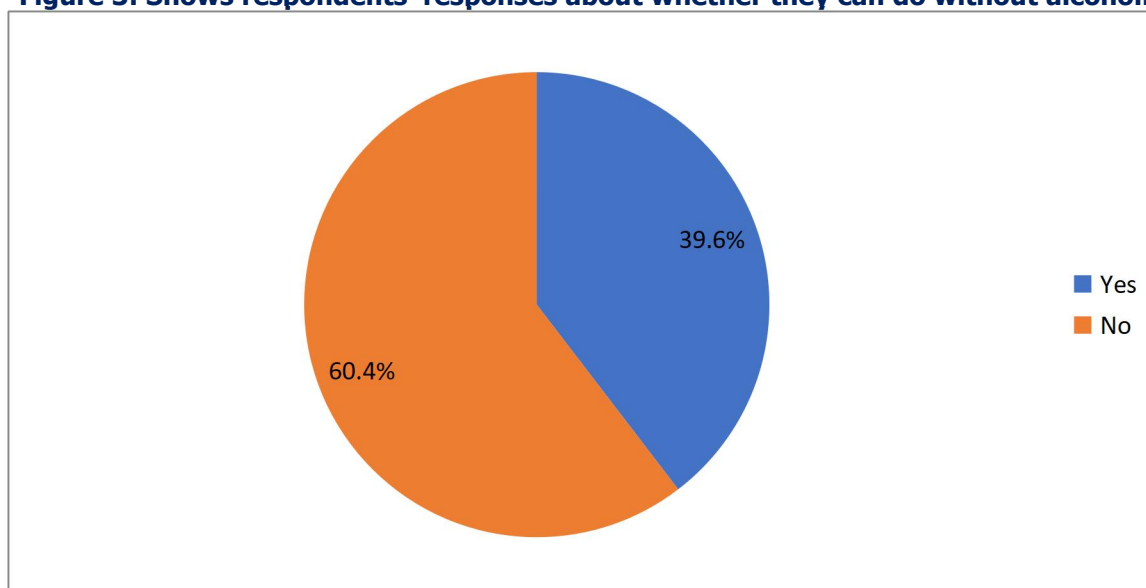


Figure 3, regarding the respondents' response about whether they can do without alcohol, showed that most 29 (60.4%) of the respondents said no and the least 19 (39.6%) said yes.

Figure 4 shows respondents' responses on whether they have ever gotten into fights at home or with their partner after taking alcohol.

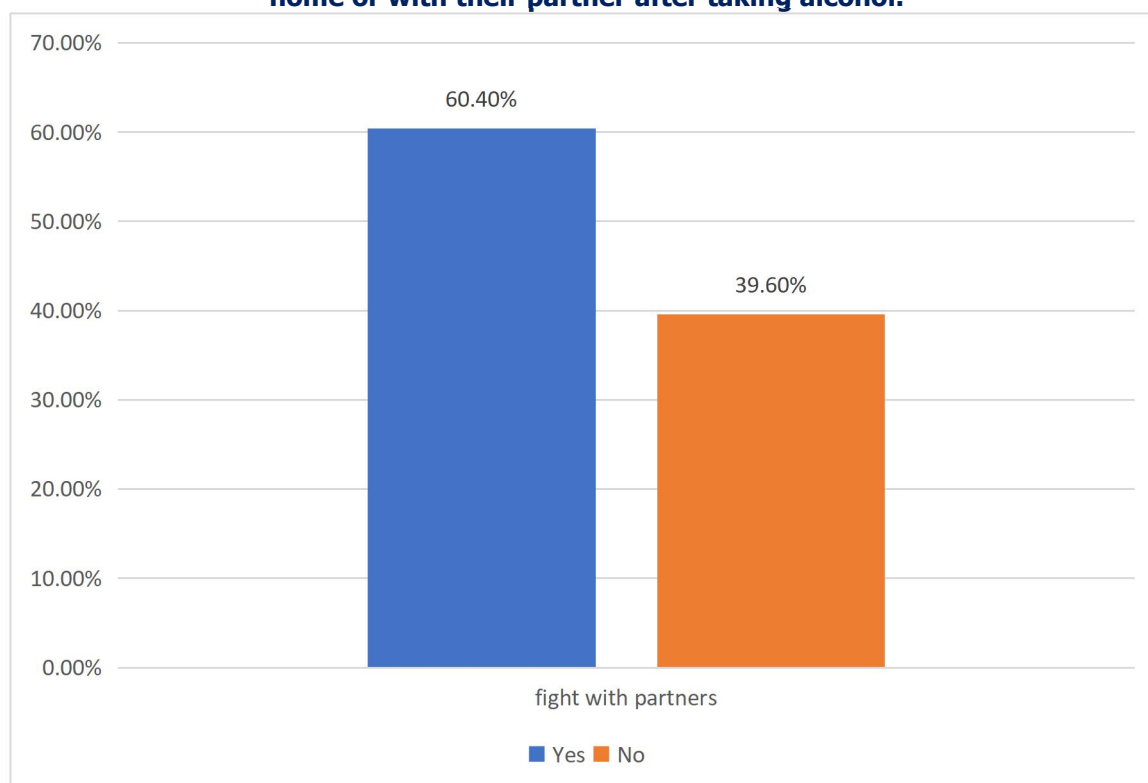


Figure 4, regarding the respondents' responses about whether they have ever gotten into fights at home or with their partner after taking alcohol, showed that most 29(60.4%) said yes, and the least 19(39.6%) said no.

PSYCHO-SOCIAL RELATED EFFECTS OF ALCOHOLISM AMONG PATIENTS ATTENDING ALCOHOL AND DRUG REHABILITATION CENTER.

Table 2 shows whether respondents feel anxious after consuming alcohol.

Respondents	Frequency	Percentage
Yes	34	70.8
No	14	29.2
TOTAL	48	100

Table 2, regarding respondents' responses about whether they feel anxious after consuming alcohol, showed that the majority, 34(70.4%), said yes, and the minority, 14 (29.2%), said no.

Figure 5 shows respondents' responses on whether they got depressed after taking alcohol.

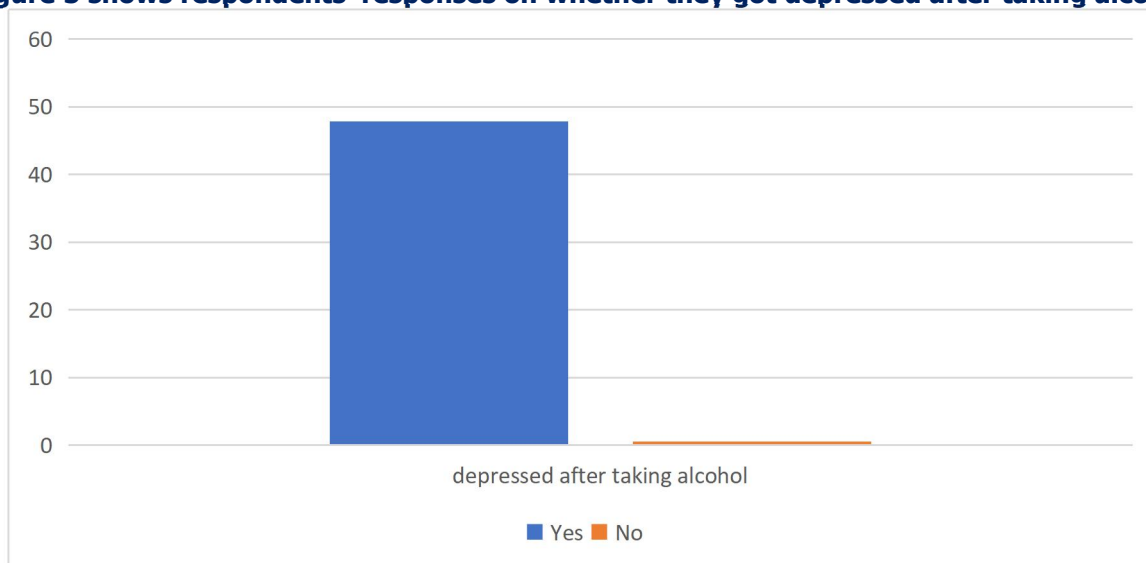


Figure 5, regarding the respondents' responses about whether they got depressed after taking alcohol, showed that 25(52.1%) of respondents said no, while about half, 23(47.9%), said yes.

Figure 6 shows respondents' responses on whether they have ever made any suicidal attempts after taking alcohol.

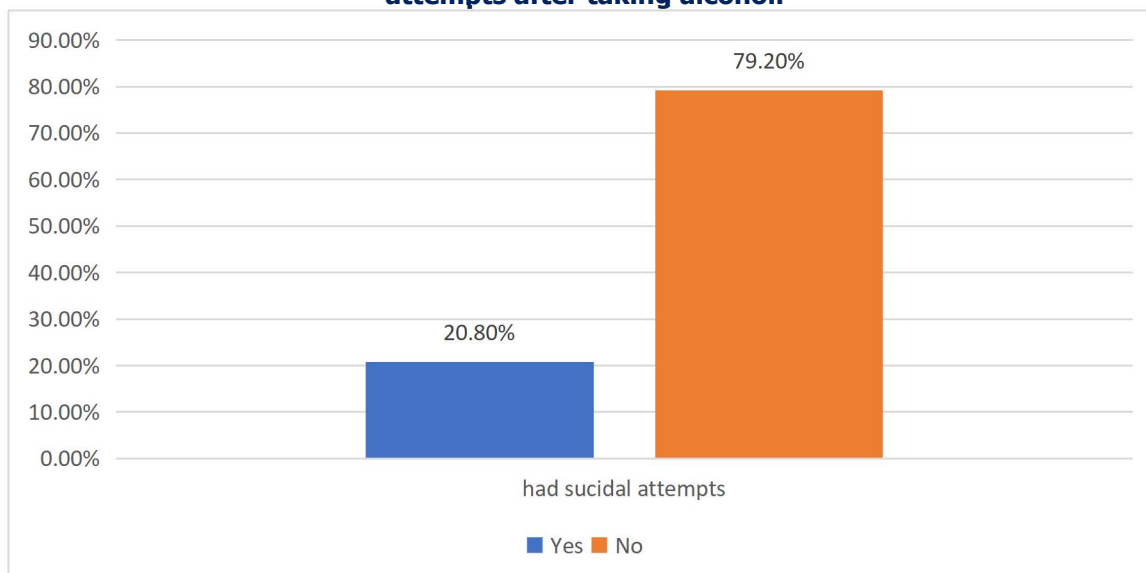


Figure 6, regarding the respondents' responses about whether they have ever made any suicidal attempts after taking alcohol, showed that the majority, 38(79.2%), said no, while the minority 10 (20.8%), said yes.

HEALTH-RELATED EFFECTS OF ALCOHOLISM AMONG PATIENTS ATTENDING ALCOHOL AND REHABILITATION CENTER.

Figure 7 shows respondents' responses on whether they lack sleep, experience low sexual performance and frequent urination after taking alcohol, and constipation after taking alcohol.

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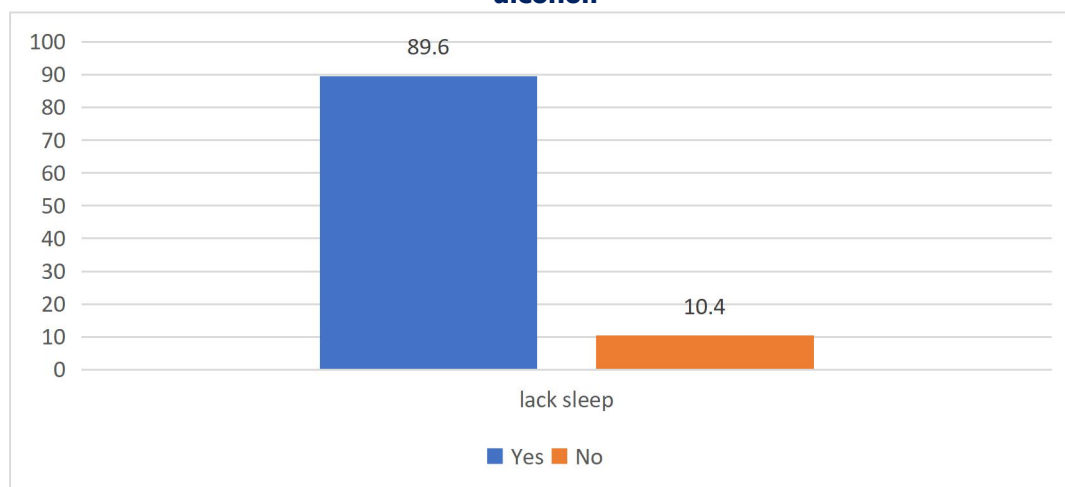


Figure 7, regarding the respondents' responses on whether they lack sleep, experience low sexual performance, and frequent urination after taking alcohol, and constipation after taking alcohol, showed that the majority, 43(89.6%), said yes, and a minority of 5(10.4%) said no.

Figure 8 shows respondents' responses on whether they experience a racing heart after taking alcohol, vomiting, stomach pain, and if they have ever been involved in an accident after taking alcohol.

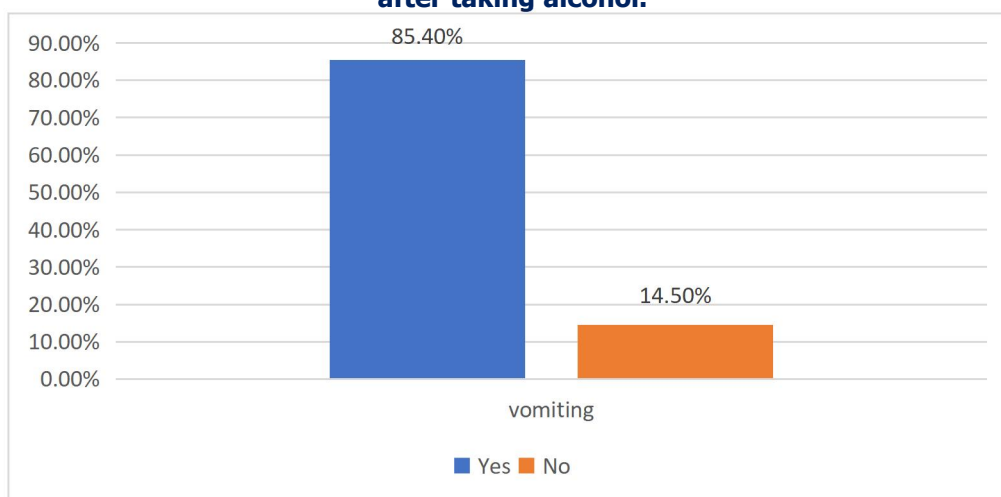
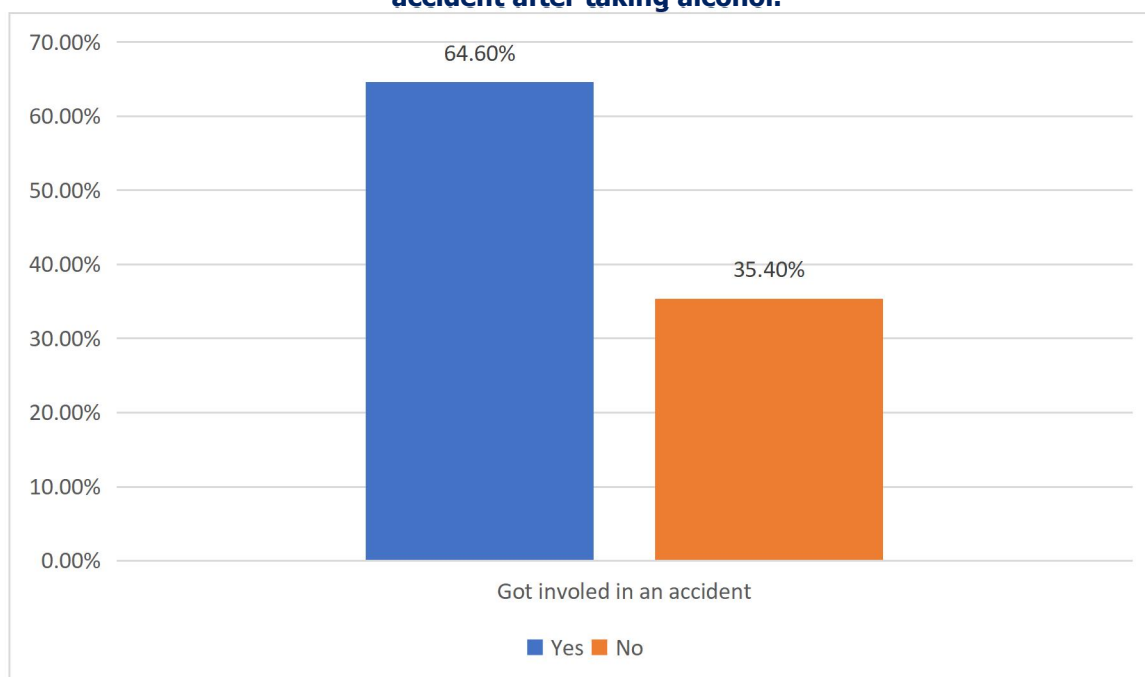


Figure 8, the respondents' responses on whether they experience a racing heart after taking alcohol or vomiting, showed that the majority, 41(85.4%), said yes, and a minority, 7(14.5%), said no.

Figure 9 shows respondents' responses on whether they have ever been involved in an accident after taking alcohol.



In Figure 9, the respondents' responses on whether they have ever been involved in an accident after taking alcohol showed that 31(64.6%) said yes, and at least 17(35.4%) said no.

DISCUSSION

SOCIO-ECONOMIC RELATED EFFECTS OF ALCOHOLISM AMONG PATIENTS IN ALCOHOL AND DRUG REHABILITATION CENTER.

Regarding how often respondents take alcohol, the majority, 66.7%, said daily. This implies that they often gather with their friends where alcohol is the main drink that keeps them together for long hours, hence a high percentage. Regarding whether respondents have ever gotten into fights with their partners, the majority, 60.4%, said yes. This implies that their partners could provoke them each time they took alcohol, and this resulted in endless fights with them, hence the high percentage. This agrees with Unhealthy alcohol use and intimate partner violence among men and women living with HIV in Uganda, a study done by Amanda P. Miller et al (2022) reported. Bidirectional violence accounted for 20% of

recent IPV among the 54 participants reporting any recent IPV. This implies that alcohol can impair an individual's cognitive function, including communication skills and emotional regulation, causing partners to misinterpret each other's words or actions, which escalates fights. This can be reduced by ensuring strong legal protections for victims of domestic violence.

PSYCHO-SOCIAL RELATED EFFECTS OF ALCOHOLISM AMONG PATIENTS ATTENDING ALCOHOL AND DRUG REHABILITATION CENTER

Regarding whether respondents feel anxious after taking alcohol, the majority, 70.4%, said yes. This implies that they get worried about how they are going to survive the next day since all their money is spent on alcohol, hence the high percentage. This is in agreement with the study "Associations between mental health challenges, sexual activity, alcohol consumption, use of COVID-19 preventive measures during the first wave of the COVID-19 pandemic by adults in Nigeria" by Oluwatoyin. M et al (2023) revealed that 19.1% of respondents experienced anxiety. This reveals that feeling anxious about drinking alcohol is a sign that shows individuals feel guilt and

shame after consuming alcohol. Gradual cessation from alcohol would be better for such individuals.

Regarding whether respondents got depressed after taking alcohol, the majority, 52.1%, said no. This implies that their main reason for taking alcohol is to feel cheered up and hence a high percentage, this disagrees with time perspective and family history of alcohol dependence moderate the effects of depression on alcohol dependence: a study in China psychiatry done by Haiyan wang et al, (2023), whose report showed that among 381 patients in Chinese psychiatry clinics diagnosed with AD according to the two International Classification of diseases-10, 59.9% met the criteria of depression according to the questionnaire. This implies that everyone experiences the effects of alcohol in a different way. These individuals should engage in physical leisure activities that don't affect their health, physical activities like soccer. Regarding whether respondents have ever made any suicidal attempts after taking alcohol, the majority, 79.2%, said no. This implies that all they feel after taking alcohol is happiness, hence a high percentage, and this disagrees with a study about "Associations between mental health challenges, sexual activity, alcohol consumption, use of COVID -19 preventive measures during the first wave of the COVID-19 pandemic by adults in Nigeria "done by Oluwatoyin. M et al (2023) reported that 9.8% of respondents experienced depression. This reveals that the majority take alcohol in social settings where the focus is on enjoyment and socialization. These individuals should engage in physical leisure activities that don't affect their health, physical activities like soccer.

HEALTH-RELATED EFFECTS OF ALCOHOLISM AMONG PATIENTS ATTENDING ALCOHOL AND DRUG REHABILITATION CENTER

Regarding whether respondents lack sleep after taking alcohol, the majority, 89.6%, said yes, which implies that whenever they take alcohol, they feel energized, which is their major aim, hence a high percentage. Regarding whether respondents experienced vomiting after taking alcohol, revealed that the majority, 85.4%, said yes. This implies that after taking alcohol, they get stomach upset, hence the high percentage. This partly agrees with alcohol consumption among tertiary students in the Hmjuohoe municipality, Ghana, a study done by Richard Gyan Aboagye et al (2021), that showed 53.9% of respondents experienced excessive vomiting. This shows that alcohol irritates the stomach lining of many individuals, causing them to vomit before experiencing other stomach pain or diarrhea. I recommend eating food before drinking alcohol to reduce stomach irritation.

Regarding whether respondents have ever gotten involved in an accident after taking alcohol, the majority, 64.6%, said yes. This implies that they don't know what happens during such incidents, and this agrees with alcohol consumption among tertiary students in the Hohoe municipality, Ghana, a study done by Richard Gyan Aboagye et al (2021), which showed that 40.0% of respondents experienced accidents. This reveals that alcohol alters one's ability to make sound judgments and decisions, which leads many into risky behaviors such as driving recklessly or engaging in dangerous activities. This can be reduced by launching educational campaigns to inform the public about the dangers of drinking and driving and how alcohol impairs judgment, reaction times, and motor skills.

CONCLUSION

The majority of respondents consume alcohol daily and fight at home and with their partners. The majority feel anxious after taking alcohol, and fewer respondents feel depressed. Health-related effects of alcoholism among patients attending alcohol and drug rehabilitation centers, the findings show that the majority of respondents lacked sleep, experienced vomiting, and experienced accidents after taking alcohol.

Limitations of the Study

The researcher expects to encounter the following limitations; Inadequate funds to facilitate the study, bad weather characterized by excessive sunshine, Inadequate time to carry out the research, language barrier because Butabika Hospital admitted different citizens of different tribes speaking different languages and some of which do not know English, it solved by interpreters who translate information from English to the language understood by respondents. The researcher faced the challenge of the respondent's demanding money or gifts in exchange for the information being provided.

RECOMMENDATIONS

Ministry of Health should develop and offer a holistic range of support services that address both socio-economic and psychosocial needs. This could include job training programs, financial literacy workshops, and counseling for family dynamics. By providing patients with skills and resources to improve their economic stability and personal relationships, they are better equipped to manage their recovery and reintegrate into society. Medical workers should foster stronger connections between patients and their support systems by involving family members and close friends in the rehabilitation

process. Implement family counseling sessions and support groups to educate and involve loved ones in the recovery journey. Strengthening these networks can improve patients' psychosocial well-being and create a more supportive environment for sustained recovery.

Medical workers should address co-occurring mental health issues alongside substance abuse treatment by integrating mental health services into the rehabilitation program. Dual diagnosis treatment can help manage symptoms of mental health disorders that may contribute to or result from alcoholism. By treating both conditions simultaneously, patients can achieve more comprehensive and sustainable recovery outcomes.

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List of abbreviations

AUD: Alcohol use disorder

NIAAA: National Institute on Alcohol Abuse and Alcoholism

WHO: World Health Organization

CAGE: Cutoff, Annoyed, Guilty, and Eye

SOPs: standard operating procedures

Source of funding

The study was not funded.

Conflict of interest

The author did not declare any conflict of interest.

Data availability

Data is available upon request.

Author contributions

Catherine Nakikubirwa collected data and drafted the manuscript of the study.

Moses Ojale supervised the study.

Ethical approval

The research topic was approved by the research committee of Kampala Institute Health Professional's and the letter offered was presented to the Medical director Butabika national Hospital who referred the researcher to the in charge of the Alcohol and Drug Rehabilitation center to seek permission to conduct the study.

Informed consent

Respondents consented before participating and filling the questionnaire by signing the consent form and information of no incentive was provided to many respondents to be able to get data.

Author Biography

Catherine Nakikubirwa is a student of a Diploma in clinical medicine and community health at Kampala Institute of Health Professionals.

Moses Ojale is a tutor at Kampala Institute of Health Professionals.

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