

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM



**A SURVEY ON THE PERCEPTION OF HEALTH EFFECTS ON ALCOHOL
CONSUMPTION ON THE YOUTH OF SENASE**

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DECLARATION

We hereby declare that this submission is our work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of the diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The study focused on the perception of health effects on alcohol consumption on the youth of Senase.” A descriptive survey was used to collect in-depth information for the study. A total of fifty (50) youth were selected for the study. The respondents were obtained using the convenient sampling method. The data for the study was collected by administering a questionnaire to the participants.

With regards to the knowledge on alcoholism, most of the respondents (90%) indicated that they heard about alcoholism and 10% of the respondents indicated they do not have much knowledge about alcoholism. Majority of the respondents (40%) said they their friends told them, 10% of the respondents indicated they know from the media and 20% of the respondent also indicated they were sent by some people and 30% also indicated they got to know it themselves.

On the reasons for increase drinking and abuse of alcohol, it was found that, most respondents (38.0%) consume alcohol in order to forget problems or gain confidence

The study recommended that there is the need for Food and Drugs Authority (FDA) to ban or regulate advertisement of alcoholic drinks in the media especially in the Berekum municipality. A number of studies show that high taxation – and hence a high price for alcoholic beverages – has a decisive influence on amounts consumed. Where alcohol can only be obtained in a few places, its availability is limited and less is therefore abuse. Traditional Authorities and the Government or his representatives in the region should enact bi- laws to control the sale and use of alcoholic beverages by the youth and again there is the need for the district Assembles, churches, mosques to facilitate the formation of youth clubs to engage the youth in developmental or other income generating activities.

The study concluded that, advertisement on alcohol as sense of well-being as portrayed by the media is associated with youth alcohol abuse. These alcoholic beverages have been portrayed to the public as being capable of curing all manner of diseases, hence luring even disinterested youth to join the bandwagon of excessive alcoholism and peer relations provide a context in which alcohol use is either supported or discouraged.

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CHAPTER ONE

INTRODUCTION

Background of the study

Alcohol use among the youth forms one of the most important public health challenges despite strenuous efforts made to contain it (World Health Organization, 2019). Alcohol is considered as one of the initial substances that are used among young people before they progress to the use of more dangerous substances such as marijuana and cocaine (Krinstein, 2017). With modernization in the world market and increase in advertisement, harmful drinks that were not easily accessible to the youth are now of higher consumption rate than expected. In recent times, because of the promotion, competition and popularity of alcoholic products, most alcoholic beverages are now cheaper as compared to other soft drinks (Obina, 2018). Due to this multiplicity, most young people engage in heavy drinking at younger ages than in the past. Alcohol comes in the form of beer, wine, spirit and other alcoholic beverages. Beer include malt beer, wine from grapes, spirits from distilled beverages and other fermented beverages made from cereals such as maize, millet and sorghum (Anderson, 2018). Introduction to alcohol use at early age in life is another disturbing trend in youth drinking. A survey conducted in United States of America indicated that the average age of initiation to alcohol use among young people is 15 years (Hilman, 2020). Another survey conducted in Thai indicated that 79.7% of Thai current drinkers are over 15 years old and was reported that the youth initiate to alcohol drinking between the ages of 15-24 years (Jeimal, 2021). In Ghana, a study conducted among second cycle and out of school youth on substance use revealed that average age for first use of substance was between 14-19 years and the highest use was between the ages of 16-23 years. In addition, substances that are mostly used by the youth in Ghana include alcohol, cigarette, cannabis and heroine (Aborah, 2021). Data from Ghana

Demographic and Health Survey indicated that the use of alcohol is prevalent among the youth between the ages of 15-34 years in Ghana with Bono Region recording the highest prevalence among males which constitutes 42%, and among females, the highest prevalence of alcohol consumption was in Upper West Region with prevalent rate of 37% (Raman et al., 2021). However, there is little control on the sale and consumption of alcohol among the youth in Ghana, and for this reason people in their youthful age can walk into any drinking bar to buy and consume alcohol (marttey, 2020). A study conducted in a senior high school in Accra, at a mean age of 17 years found that the prevalent rate of lifetime alcohol consumption was 25.1% among lifetime users; while 42% were currently alcohol consumers (Ofosu-Mensah, 2019). In Africa, the rate of alcohol consumption is not different from the rest of the world because alcohol and other illicit drugs are easily accessible to the youth (Abdul-Mumii, 2018). An empirical review of literature has demonstrated that a substantial proportion of youth in Sub-Saharan Africa have ever consumed alcohol or are currently consuming alcohol. For instance, a study conducted in Uganda indicated that the country was having the highest annual consumption of pure alcohol in litres among the youth in the world (Umaro, 2019). Also, Larmat (2017) reported in their study that one out of every three Zambian adolescents were consuming or have ever consumed alcohol. Globally, alcohol consumption among the youth is of great concern. A worldwide survey on Alcohol and Health assessed a five year trend on alcohol consumption among the youth between the ages of 18-25 years in 82 countries and revealed that, there was 80% increase in consumption, 11% decrease in consumption, 6% stable consumption, while 12% showed inconclusive trends in consumption. Again, Vomeuleu, (2021) reports indicated that about 15.3 million youth between the ages of 15 to 29 years had drug disorders and 320,000 people of same age group die yearly from alcohol and drug related use, accounting for 9% of all deaths globally.

1.1 Problem Statement

National surveys among adolescents, college students, and other young adults in the Ghana showed that youth have higher rates of alcohol intake, as well as higher rates of dangerous drinking practices such as binge drinking and daily drinking (Ghana Health Service, 2019). Also, a national survey conducted in Thai among the youth revealed that alcohol consumption has increased from 21.6% in 2001, to 23.5% in 2004 and to 23.7% in 2017 (Cooman, 2018). This indicates that globally alcohol consumption among the youth is on the rise; therefore demands urgent control measures and interventions. The effects that usually follow alcohol use on the youth has remained a topical issue as well as a worry to parents, schools, governments and the society as a whole. Furthermore, Olu (2019) indicated that, future manpower and development of every country's economy lies on the physical and mental health of its youth in Ghana. However, alcohol consumption for instance still remains major risk behaviour among the youth leading to both physical and mental health complications including deaths (WHO, 2021). Most chronic and injury related conditions can be attributed to excessive alcohol consumption. These include but not limited to alcohol dependence; liver cirrhosis, cancers, depression and other medical conditions (Fandiecgh, 2018). Moreover, alcohol has been identified as a contributor to traumatic outcomes that either kills or disables the consumer at a relatively younger age, thereby leading to loss of many years of life to death or disability in Bono Region (Bemah, 2018). In addition, Kumih (2020) further indicated in his study that the high rate of death among the youth in Berekum Municipality is related to unhealthy lifestyles of which the use of alcohol cannot be excluded. In spite of all these problems, the use of alcohol remains unconcerned and to date is of low priority to policy makers. It is therefore imperative for all countries including Ghana to adopt appropriate strategies and interventions in fighting against any physical, psychological and socio-medical problems

affecting the youth due to alcohol use. The use of alcohol varies from one location to the other [20]. In the light of this, the study is going to identify the perception of the youth on the health effect of alcohol in the youth of Senase in the Berekum municipality of the Bono region in Ghana.

1.2 General objective

To identify the perception of the youth on the health effect of alcohol in the youth of Senase

1.3 Specific objectives

1. To assess the knowledge level of the youth in Senase on alcoholism.
2. To assess the perception of the youth on alcohol intake.
3. To identify possible reasons of alcoholism among the youth in Senase.

1.4 Operational definition

Youth: is a person of moderate and productive age of year ranging from 16 years to 35 years according to united Nation and Nigeria definition of youth.

Alcoholism: Is a complex services of condition that involves physiological and sociological factor.

Alcohol: Is a colorless liquid, contained in drink such as lever, wine and spirit that can make people drunk.

Alcoholics: Are those excessive drinkers whose dependence on alcohol has attained such a degree that show a noticeable mental disturbance or a person who regularly drinks too much alcohol and cannot easily stop drinking because it has become an illness to him/her.

Delinquent: Minor crime especially committed by a youth person.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains a review of relevant literature related to the research topic. The review is organized along the lines of the specific objectives of the study. The sources of information include books, journals, online articles, and research reports.

2.1 Overview

The World Health Organization (WHO) estimates that approximately 2 billion people worldwide consume alcohol, of whom almost 80 million are believed to be diagnosable with an Alcohol-Use Disorder (World Health Organization, 2019). Globally, alcohol consumption has increased in recent decades, with most of that increase occurring in Low and Middle-Income Countries (LMIC) (WHO, 2019). Alcohol now causes 2.5 million deaths annually, representing 3.8% of the total worldwide mortality.

In West Africa, many youth have made it a habit of drinking any time they spend time together or they go partying. However, heavy or binge drinking can cause serious problems on the drinkers. The effects of too much drinking not only affect the drinker, but it also affects the relationships and the people around the individual. In Ghana, The number of deaths caused due to alcohol drinking has increased over the years. In addition, long term alcohol drinking can cause serious and permanent brain damage; it can lead to alcohol dependence, in addition to mental problems. Many youth drink as a way of being rebellious but at the end of the day, they become alcohol dependent. Therefore, youth who take alcohol should take this into consideration in order to avoid these health issues and becoming alcohol dependent.

Alcohol drinking has both long-term and short term effects. Even though many people face the immediate effects of alcohol, for instance vomiting, nausea, some drinkers are affected for the rest of their lives. Drinking too much can have a serious toll on a person's health. For instance, drinking a lot of alcohol or long-term drinking can damage the heart (Peckham and Lopez, 2020). When the heart is damaged, it can cause serious problems such as arrhythmias also known irregular heart beating, cardiomyopathy which is the stretching of the heart muscles. Moreover, when the heart is affected, it can lead to health conditions like stroke and high blood pressure.

Alcohol is a recognized global risk factor for many diseases and injury types and a major contributor to disability and death. While cost-effective interventions do exist, many countries lack a comprehensive national alcohol harm reduction policy. The Arab world includes 22 diverse countries stretching from North Africa to Western Asia having varying dispositions with regards to alcohol sale and consumption. Epidemiological data is scattered and the picture on alcohol consumption remains blurry. This paper presents the findings of an extensive review conducted on all 22 Arab countries, specifically describing: the density and methodology of alcohol-related peer-reviewed publications over the last two decades (1993–2013); the epidemiology of alcohol consumption given all available data; and the current status of policies in the region. Our search revealed a strikingly low number of alcohol-related peer-reviewed published studies – a total of 81 publications across 22 countries and two decades. Most studies are based on clinical or student samples. Where data is available, age of onset is low and drinking is frequent, in the absence of any available or enforced harm reduction policies. We submit that countries in the Arab region can be divided into four categories by alcohol ban and published data. One category includes countries where alcohol is not banned but data is absent, suggesting an ostrich-like response to a controversial behavior, or reflecting a weak research infrastructure and/or policy landscape.

Evidence-informed recommendations and future directions for policy and research are discussed and tailored to countries' current stance on alcohol legislation and consumption. Given the particular vulnerability of youth to uptake of alcohol as well as the resulting short and long term consequences, the paper concludes by focusing on the implications of the findings for youth alcohol harm reduction. Studies of adolescent alcohol use typically sample intact high school populations. This study assessed "street" adolescents alienated from the mainstream educational system. Despite recent optimism regarding adolescent substance use, these respondents showed considerable alcohol consumption, drinking to get drunk, and problems. The major correlates of substance abuse were "personal" drinking motives, expectancies of alcohol effects and peer behavior. Thus, adolescents who would not appear in typical studies showed much stronger alcohol involvement than the general population, with individual differences best accounted for by attitude variables relevant to a "stress-vulnerability" approach to substance abuse.

In addition, drinking alcohol can lead to high blood pressure because it increases the heartbeat. When one gets high blood pressure due to drinking, the person is also vulnerable to chronic kidney diseases. Moreover, it weakens the muscles of the heart and this in turn affects the lungs, the brain, liver, and the entire body system and this can later own lead to a heart failure. Due to the fact that alcohol consumption can lead to the heart to beat irregularly, it leads to sudden death because, if the heart beats irregularly, it can lead to a heart failure. According to Patock-Peckham and Lopez (2020), people who consume alcohol experience lung infections compared to people who never take alcohol. Some of them even end up suffering from collapsed lungs and this leads to pneumonia. Furthermore, many youth vomit after talking alcohol and if they mistakenly choke on their vomit; the vomit might get sucked into the lungs thus blocking the lungs.

Excessive intake of alcohol for longer periods may also affect the liver. The consequences of alcohol on the liver can be very adverse if not stopped. When one consumes a lot of alcohol, it can lead to various liver problems and inflammations for instance, fibrosis, liver cirrhosis, alcohol hepatitis, and fatty liver. When one takes alcohol, fats deposits develop in the liver and this can cause hepatitis which can result into a liver failure or even death. When alcohol is consumed at high levels and it affects the liver, the liver is damaged causing cirrhosis which ultimately shuts the liver down. Youth should avoid excessive drinking of alcohol in order to avoid damaging their liver or getting liver diseases which are caused by alcohol.

2.2 Knowledge level of the youth on alcoholism.

Ankama and Martey (2018) conducted a cross sectional study aiming to assess the knowledge of adolescents who drink alcohol, with many engaging in high-risk patterns of consumption, including binge drinking in Accra. Here, the study systematically review and synthesize the existing empirical literature on how consuming alcohol affects the developing human brain in alcohol-using (AU) youth. For this systematic review, we began by conducting a literature search using the PubMed database to identify all available peer-reviewed

Twenty-one studies (10 MRI and 11 fMRI) met the criteria for inclusion. A synthesis of the MRI studies suggested that overall, AU youth showed regional differences in brain structure as compared with non-AU youth, with smaller grey matter volumes and lower white matter integrity in relevant brain areas. In terms of fMRI outcomes, despite equivalent task performance between AU and non-AU youth, AU youth showed a broad pattern of lower task-relevant activation, and greater task-irrelevant activation. In addition, a pattern of gender differences was observed for brain structure and function, with particularly striking effects among AU females. The study concluded that, Alcohol consumption during adolescence was associated with significant

differences in structure and function in the developing human brain. However, this is a nascent field, with several limiting factors (including small sample sizes, cross-sectional designs, presence of confounding factors) within many of the reviewed studies, meaning that results should be interpreted in light of the preliminary state of the field. Future longitudinal and large-scale studies are critical to replicate the existing findings, and to provide a more comprehensive and conclusive picture of the effect of alcohol consumption on the developing brain.

Ahinkora et al conducted a study which seeks to bridge this knowledge gap by determining the effects of alcoholism on the youth of Zongo Community in Wa of the Upper West Region of Ghana. The youth from Zongo Community were selected from the Wa Municipality. The sample consisted of 100 participants who were randomly sampled. The data gathering tool was a 41 item questionnaire containing both open and close-ended questions. The data was analysis in percentages and findings were presented in the form of tables, pie charts and bar charts. The study revealed a high rate of alcohol consumption among youths of Wa Zongo community. The study also revealed that males consume more alcohol as compared to females. It was also found that peer influence, family history of alcohol use and stress are the major causes of alcohol use among youth of Zongo Community in the Wa Municipality. The study recommends for 'Alcohol Anonymous' groups to be formed in Wa Zongo Community as well as policies to control the sale and use of alcohol among youth of Zongo Community in the Wa Municipality of Ghana.

.Asiedu, Opoku-Dankwah and Abankoro (2021) conducted a quantitative study with a descriptive cross-sectional design where the purpose of this study was to find out the knowledge on the factors contributing to Alcoholism among the youth in New Edubiase. The study population was a youth in New Edubiase. A multi-stage sampling technique was used to select a sample size of 350. A questionnaire was used for collecting the data. The results were presented in frequencies,

percentages and chi-square test. The study found out that the use of alcohol among the youth was low as most of them were uncertain of taking alcoholic beverages. Again, there was high knowledge about alcohol use and its implication on the health of abusers.

Murphy et al., (2019) conducted a study aiming to describe changes in alcohol consumption among youth over the past decade with the aim of exploring the polarization hypothesis, which asserts that while a majority of young drinkers have reduced their alcohol consumption, a subgroup have increased their drinking substantially, resulting in greater harm. **The study** analyzed repeated cross-sectional self-report data from 45,841 15-16-year olds and 40,889 18-19-year-old high-school students living in the Berekum municipality between 2000 and 2010. The questionnaire assessed alcohol and drug use, and risk factors for alcohol misuse. Changes over time at different levels of consumption are presented by age and gender. **The study** find evidence of a polarization effect in youth drinking, with consumption reducing significantly over the past 10 years among all young people, except the heaviest drinkers, where consumption and binge drinking tended to increase. The dispersion in per capita consumption also increased over time, indicating more heavy drinkers. The total number of risk factors for alcohol misuse decreased among most survey participants from 2000 to 2010, but with variability between years. **In conclusion**, Polarized drinking habits are a likely explanation for the recent divergence between per capita alcohol consumption, which has decreased, and alcohol-related hospitalizations, which have increased sharply among Swedish youth in recent years. We suggest that ongoing social changes could be affecting young people in the form of greater disparities, which are associated with a higher incidence of social problems generally, including heavy drinking.

2.3 Perception of the youth on alcohol intake.

Youth alcohol consumption is a major global public health concern. Previous reviews have concluded that exposure to alcohol marketing was associated with earlier drinking initiation and higher alcohol consumption among youth in the Greater Accra Region. This review examined longitudinal studies published since those earlier reviews. Peer-reviewed papers were identified in medical, scientific and social science databases, supplemented by examination of reference lists. Non-peer-reviewed papers were included if they were published by organizations deemed to be authoritative, were fully referenced and contained primary data not available elsewhere. Papers were restricted to those that included measures of marketing exposure and alcohol consumption for at least 500 underage people. Multiple authors reviewed studies for inclusion and assessed their quality using the National Heart, Lung and Blood Institute's Quality Assessment Tool for Observation Cohort and Cross-Sectional Studies. Twelve studies (ranging in duration from 9 months to 8 years), following nine unique cohorts not reported on previously involving 35 219 participants from Europe, Asia and North America, met inclusion criteria. All 12 found evidence of a positive association between level of marketing exposure and level of youth alcohol consumption. Some found significant associations between youth exposure to alcohol marketing and initiation of alcohol use (odds ratios ranging from 1.00 to 1.69), and there were clear associations between exposure and subsequent binge or hazardous drinking (odds ratios ranging from 1.38 to 2.15). Mediators included marketing receptivity, brand recognition and alcohol expectancies. Levels of marketing exposure among younger adolescents were similar to those found among older adolescents and young adults. The study concluded that Young people who have greater exposure to alcohol marketing appear to be more likely subsequently to initiate alcohol use and engage in binge and hazardous drinking (Kamal, 2017).

Agyei et al., (2020) conducted a study where the aim of this study was to investigate how adolescent alcohol consumption is being perceived in the Sunyani Municipality. The methodology used was a cross-sectional study with a randomized sample. Four different methods were used to estimate high adolescent alcohol consumption. The concordance of the results was investigated. Surveys were performed, and biological specimens were collected. Eighty-one boys and 119 girls from a population of 16- and 19-year-old adolescents were randomly selected from quartiles of volunteers representing various degrees of psychosocial risk behaviors. Using a questionnaire (for a 1-hour session) and in-depth interviews, subjects were assessed regarding their alcohol-use habits. The results of the study was that High alcohol consumption was underreported in the questionnaire compared with the interviews was confirmed partly because of the influence of a bogus pipeline procedure. The absence of overlap between results and their poor agreement with self-reports suggested that biomarkers are unsuitable as screening tools for alcohol consumption in adolescents.

Umar (2019) conducted a study which aim to explore how alcohol consumption is perceived among youth in Koase in the Wenchi Municipal. The paper employs a quantitative approach to have in depth understanding of the antecedents that lead to the issue. It begins with an introductory background of alcoholism among youth and the scenario of alcoholism among youth in Wench as in general. The paper then proceeds to capture the factors that lead youth to consume alcohol exaggeratedly. The analysis provides the factors that lead to alcohol consumption, the frequencies of consumption, starting age of youth to consume alcohol and also correlation analysis on the subject matter. There also some discussion and suggestions on alcoholism among youth.

Adobea conducted a research Berekum in the Bono region where the purpose of this study is to describe the perception over alcohol consumption among young people, differentiating between

underage and overage individuals. Structured interviews were performed in both high schools and a university to analyze the hypothesized model. The results show that both positive and negative expectancies towards the perceived consequences of consuming alcohol are the main antecedents of consumption intention. The findings demonstrate that consumption intention among adolescents and young adults is affected by parents, peers and advertising.

2.4 Possible reasons of alcoholism among the youth.

Kubbela (2020) indicated that, Up to two thirds of adolescents consume alcohol and about a quarter engage in abusive behavior with their reasons at some point in the Bono region of Ghana. Many users begin alcohol use at young ages, and binge drinking is a dominant pattern for a proportion of youth. Because neurogenesis is inhibited by ethanol, consequences of adolescent alcohol abuse include changes in brain development and impairment of neurocognitive performance. A variety of mental and psychosocial problems are also often witnessed in alcohol abusing youth. Apart from the influence exerted by genetic and psychosocial factors, the chance of developing problematic alcohol consumption is increased by consumption in a binge drinking manner and by first contact with alcohol at a young age. Discrimination of alcohol consumption within the frames of normal adolescent behavior from problematic use is still a challenging issue. Different prevention programs provide treatment either directly to the adolescent, in the context of the school, or within the frame of the adolescent's family. Although some of these efforts have been shown to be effective in reducing alcohol misuse in youth, hardly any intervention reveals satisfactory outcomes in a long-term prospect. Successful prevention strategies would need to comprise treatment of current neuropsychological impairment as well as of comorbid mental health problems and concurrent other substance misuse.

Akomea and Boateng (2019) conducted a survey to examine relationships between alcohol control policies and adolescents' reasons behind alcohol use in 6 villages in the Berekum Municipality. Cross-sectional analyses of alcohol policy ratings based on the Alcohol Policy Index (API), per capita consumption and national adolescent survey data. Data are from 6 Villages. Alcohol control policy ratings based on the API; prevalence of alcohol use, heavy drinking and first drink by age 13 based on national secondary school surveys; per capita alcohol consumption for each village in 2019. Correlational and linear regression analyses were conducted to examine relationships between alcohol control policy ratings and past 30-day prevalence of adolescent alcohol use, heavy drinking and having first drink by age 13. Per capita consumption of alcohol was included as a covariate in regression analyses. More comprehensive API ratings and alcohol availability and advertising control ratings were related inversely to the past 30-day prevalence of alcohol use and prevalence rates for drinking three to five times and six or more times in the past 30 days. Alcohol advertising control was also related inversely to the prevalence of past 30-day heavy drinking and having first drink by age 13. Most of the relationships between API, alcohol availability and advertising control and drinking prevalence rates were attenuated and no longer statistically significant when controlling for per capita consumption in regression analyses, suggesting that alcohol use in the general population may confound or mediate observed relationships between alcohol control policies and youth alcohol consumption. Several of the inverse relationships remained statistically significant when controlling for per capita consumption. In conclusion, more comprehensive and stringent alcohol control policies, particularly policies affecting alcohol availability and marketing, are associated with lower prevalence and frequency of adolescent alcohol consumption and age of first alcohol use.

A study conducted by Boateng and Teye (2021) to determine the perception of students who consume alcohol and assess the factors and levels of alcohol consumption in the Sekyere West District. This study used a cross-sectional design. The dependent variable was alcohol consumption and independent variables were demographic, cultural and social factors. Data were collected using a structured questionnaire and analyzed with STATA version 13. A total of 403 students from level 100 to 400 comprising 202 males and 201 females were interviewed. The proportion of students who currently consumed alcohol was 25.81%. More males (33.67%) consumed alcohol compared to females (17.91%), and the average age at first consumption of alcohol was 18.67 years. The study further showed that students who smoked were more likely to consume alcohol. The study concluded that students whose parents consume alcohol or those who smoke are more likely to consume alcohol than those who do not. Also, males consume more alcohol than female.

CHAPTER THREE

MATERIALS & METHODS

3.0 Introduction

This chapter discusses the various procedures used for the study. These include the research design, population, sampling procedure and also the instruments used in data collection and analysis.

3.1 The study area

Senase is one of the sub-communities located almost at the Berekum East Municipality having a population of 2,914 based on the 2010 population census, with a growth rate of 2.5%. The population of the youth in Senase is about 1,488. The community was chosen because many and most prominent drinking bars in Senase are clustered, making alcoholic beverages easily accessible to the youth. Furthermore, the kind of entertainment provided by these drinking bars attract most people especially the youth to have fun in those places and in the process they tend to drink alcohol. This is making alcoholism becoming a serious issue among the youth in this community. The major occupation in the community is mainly petty trading. However, others engage in agricultural activities such as cultivation of various vegetables notably Kontomire, Pepper and Okro.

3.2 Study Population

Participants in the study were youths between the ages of 15-35 years. Data was collected from only those who agreed and signed informed consent form. However, individuals who have not stayed in the municipality for the past 3 months before the day of the study were also excluded

from the study, as well as Non-Ghanaians and Health professionals even if they have stayed in the municipality for the required period.

3.3 Study Design

An exploratory survey using quantitative method was employed to determine identify the perception of the youth on the health effect of alcohol in the youth of Senase.

3.4 Sample Size

The sample size for the study would be calculated using Yomane's Theory. From the theory with the accessible population of 59 youth, 50 participant were sampled using the formula

$$n = \frac{N}{1 + N(e)^2}$$

n = for sample size

N = total population

e = degree of confidence level

Using a total population of 59

And choosing confidence level of 0.05

$$n = \frac{59}{1 + 59(0.05)^2}$$

$$n = \frac{59}{1 + 59(0.0025)}$$

$$n = \frac{59}{1 + 0.1475}$$

$$n = \frac{59}{1.1475}$$

$$n = 50.22$$

Therefore n=50

Therefore, fifty (50) youth were chosen at random for the study.

3.5 Data collection methods and instruments

The data collection instrument used was a written questionnaire, which was given to the respondents to answer and collected on the same day. The questionnaire included closed ended questions which allowed respondents to choose appropriate responses and open ended questions which would allow them state their recommendations if any. The questionnaire was designed to include respondents' background information, questions on the specific objectives of the study; knowledge on the use of alcohol, and their perception towards it use.

3.6 Data analysis techniques

Data collected was analyzed in the form of percentages which made the presentation and interpretation more eligible and concise. Data collection was done using questionnaire and analyzed with Ms Excel 2013 in the form of descriptive statistics such as tables, pie and bar charts. Features of the data gathered were explored to get a general description of responses given by respondents.

3.7 Ethical consideration

An approval was granted from the school for the survey to be conducted. The participants were given a written informed consent before answering the written questionnaire, and their refusal to answer the questionnaire was duly accepted. Confidentiality was ensured and respondents were informed that the survey was for academic purpose.

3.8 Limitations of the Study

The respondent of this research was originally to be 100 males but due to the conveniences, 50 were rather chosen to answer our questionnaires. Some of them refused to give us the information needed for our study because they were shy to express themselves and some were

too busy to attend to us because of their works and businesses. Also lack of finance also limited us on the printing of our questionnaires.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter presents a detailed analysis of the data gathered from the field. The results are presented in tables and figures. The analysis data was done according to the specific objectives of the study. The results are categorized into the demographic characteristics of the respondents, knowledge level of the youth, the perception of the youth on alcohol intake and the possible reasons of alcoholism among the youth in Senase.

4.1 Demographic Characteristics of the Respondents

Table 1: Age Distribution of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Age	16-20	13	26
	21-25	21	42
	26-30	15	30
	Above 30	1	2
	Total		50

From Table 1, less than half of the respondents (26%) were aged between 16-20 years, most of the respondents (42%) were aged between 21-25 years. Thirty percent (30%) of the respondents were aged between 26-30 years and 12% were aged above 30 years.

Table 2: Employment Status of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Employment status	Self employed	19	38
	Employed by someone	15	30
	Unemployed	16	32
	Total	50	100

Most of the respondents (38%) were self-employed, 30% of the respondents were employed by someone and 32% of the respondents were unemployed.

Table 3: Marital Status of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Marital status	Single	36	72
	Married	12	24
	Divorced	2	4
	Widowed	0	0
	Total	50	100

Most of the respondent (72%) were single 24% of the respondents were single, 4% of the respondents was divorced and none of them of the respondents were widowed.

Table 4: Educational Background of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Educational background	None	2	4
	Primary	12	26
	J.H.S.	5	10
	S.H.S	16	32
	Tertiary	15	30
	Total		50

Few of the respondents (4%) never had any form of formal education, twenty-six percent (26%) of the respondents had primary education, 10% of the respondents had Junior High School education, most of the respondents (32%) had Senior High School education and 30% of the respondents had tertiary education.

Table 5: Religions of Respondents

Variable	Categories	Frequency (n)	Percentage (%)
Religion	Christianity	35	70
	Islamic	15	30
	Traditional	0	0
	Others	0	0
	Total	50	100

From table 5, most of the respondents (70%) are Christians, while 30% of the respondents are Moslems.

4.2 Knowledge level of the youth on alcoholism.

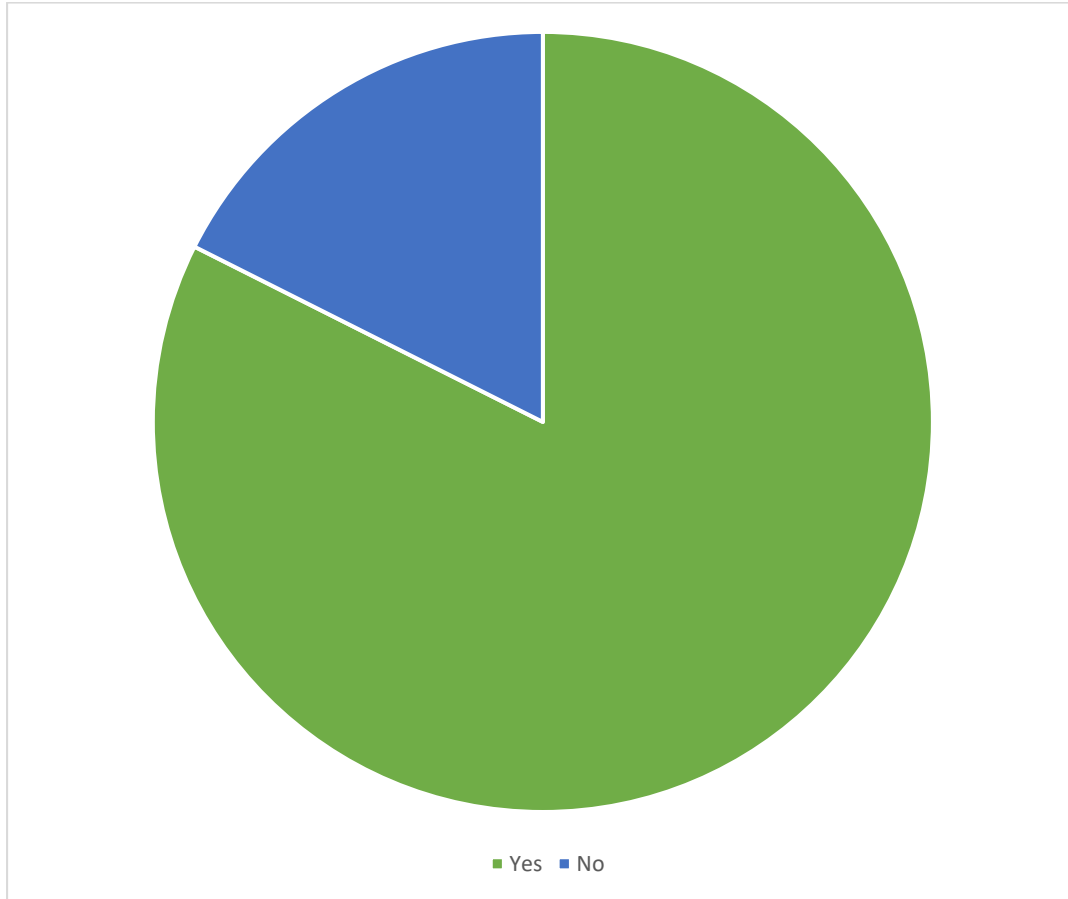


Figure 1: Respondents knowledge on alcoholism.

From figure one, most of the respondents (90%) indicated that they heard about alcoholism and 10% of the respondents indicated they do not have much knowledge about alcoholism.

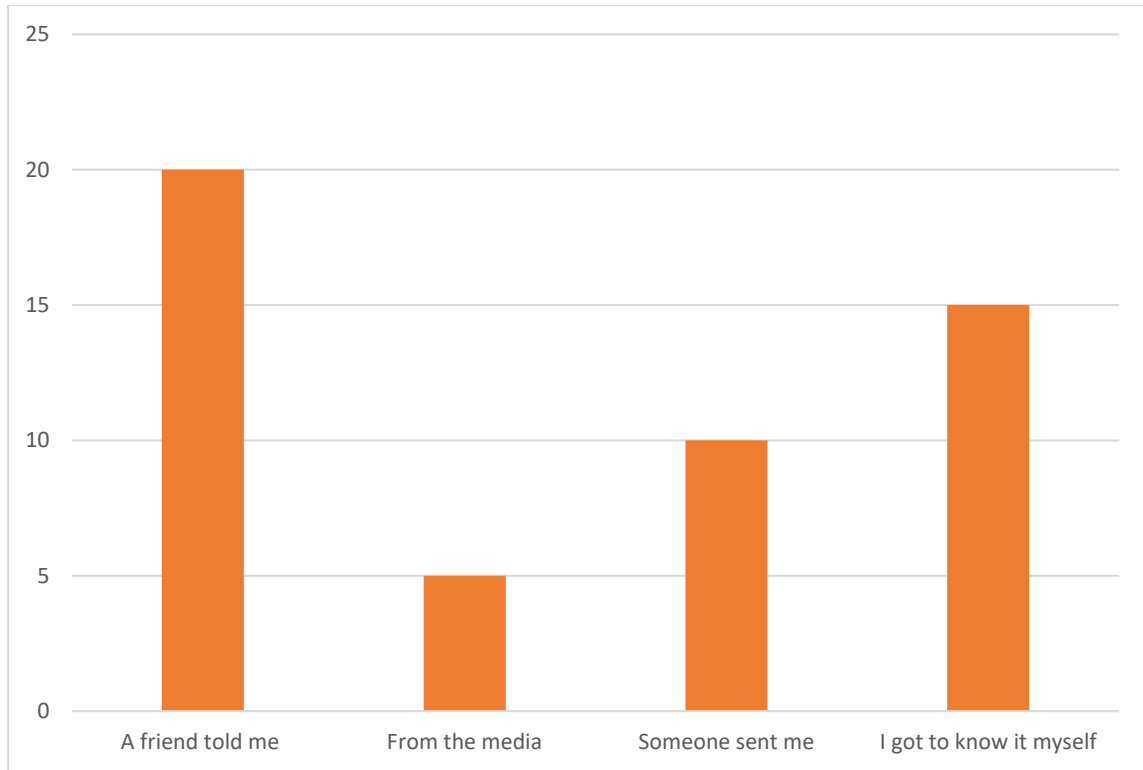


Figure 2: Respondents source of information.

From figure two, majority of the respondents (40%) said they their friends told them, 10% of the respondents indicated they know from the media and 20% of the respondent also indicated they were sent by some people and 30% also indicated they got to know it themselves.

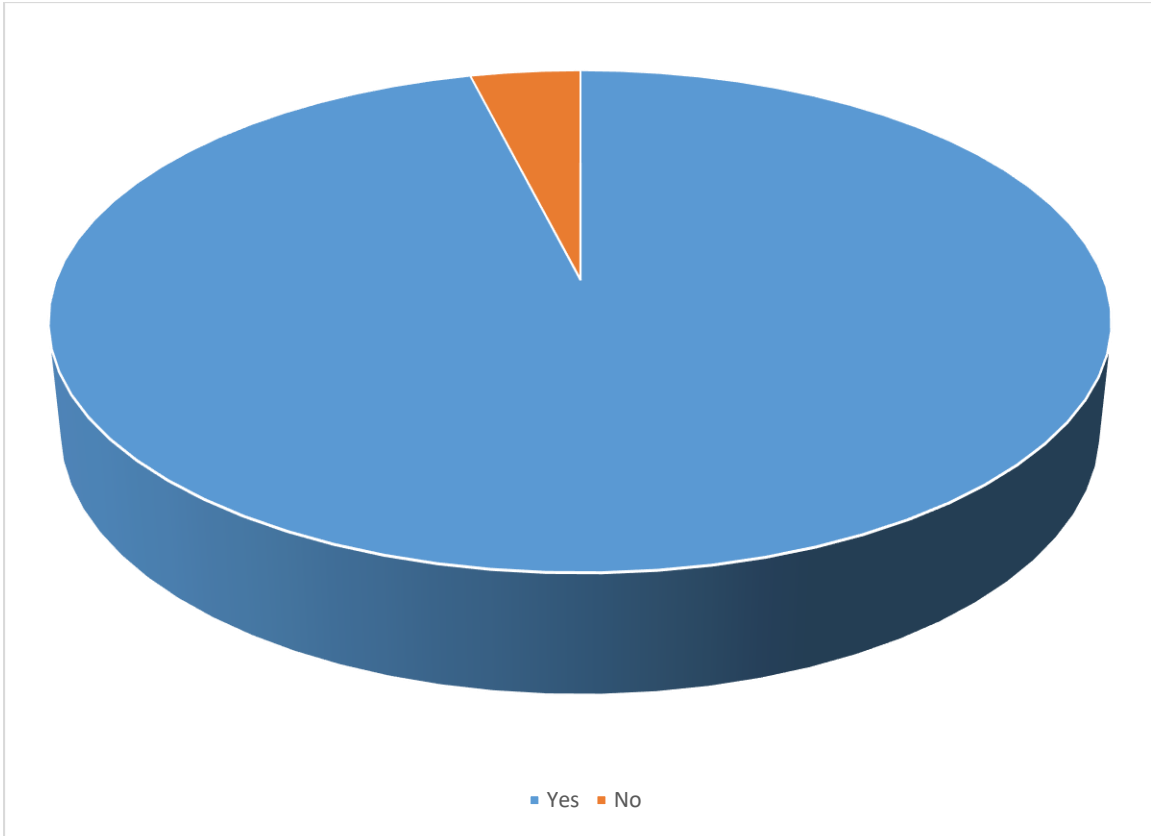


Figure 3: Respondents understanding on the norms concerning alcoholism.

From figure 3, respondents were asked whether alcoholism is good in their society where only 4% of the respondents indicated no while 94% of the respondents indicated yes, meaning it is indeed good.

4.3 The perception of the youth on alcohol intake.

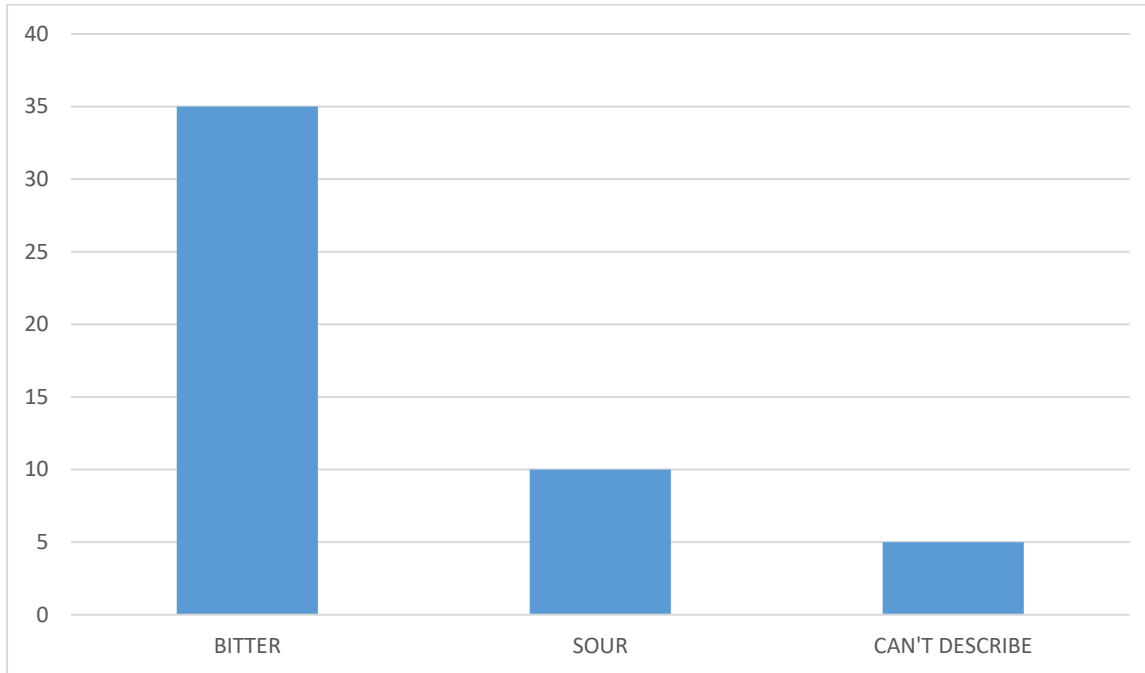


Figure 4: Respondents taste to alcohol.

Respondents were asked of how they perceive alcohol after taking. Majority of the respondents (20%) indicated that alcohol is bitter where 20% also indicated it is sour and 10% also indicated that they can't describe how alcohol tastes

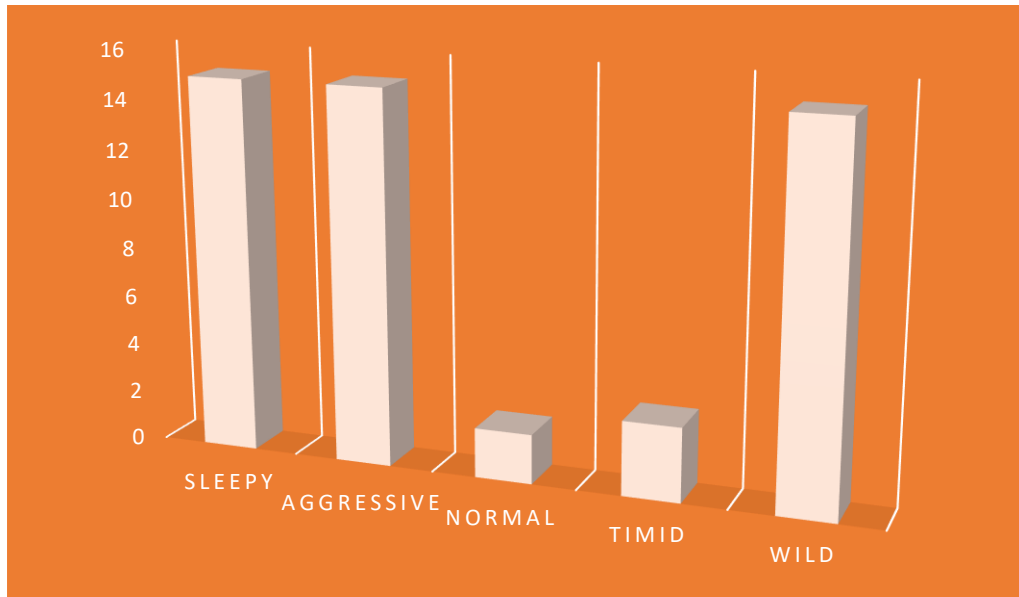


Figure 5: Respondents mood after taking alcohol.

They were also ask of the moody they got into after taking the alcohol and 30% indicated that they feel sleepy after taking, another 30 also said they feel aggressive then 4% also indicated their feel normal with 6% indicated they feel timid and then another 30% to also indicated they feel very wild.

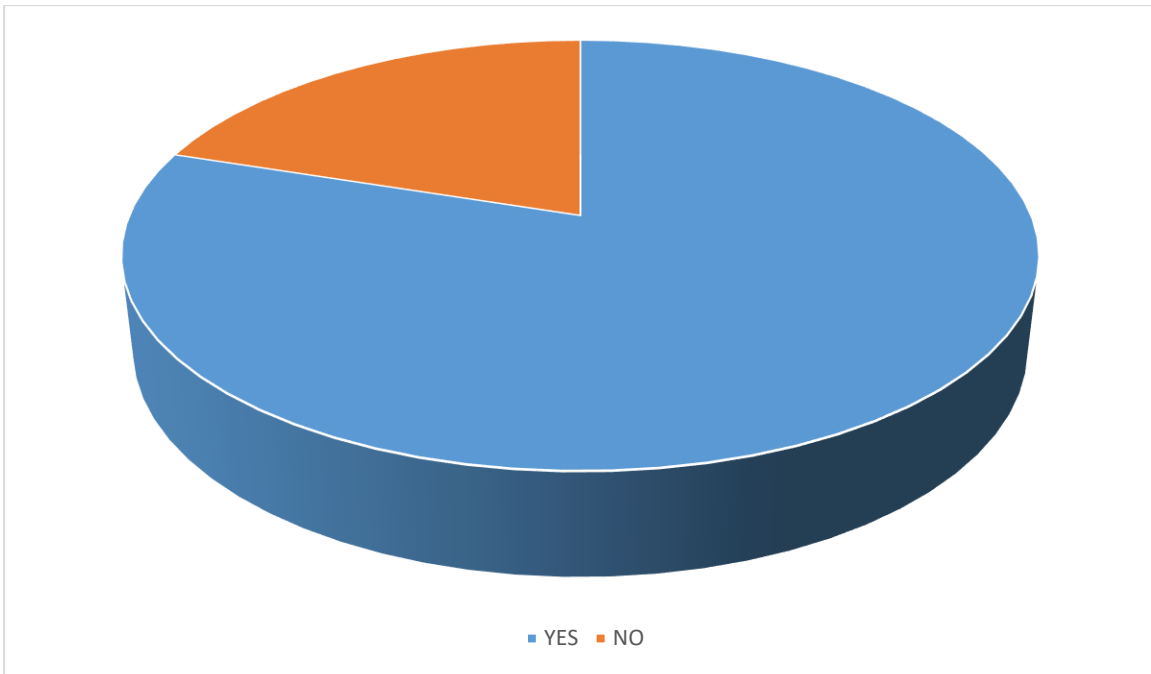


Figure 6: Respondents ideas on whether they are still taking alcohol.

Respondents also ask whether they are still taking it or they have quit and 20% indicated that they are still taking it with 80% who indicated that they have quit or stop taking alcohol.

4.4 The possible reasons of alcoholism among the youth.

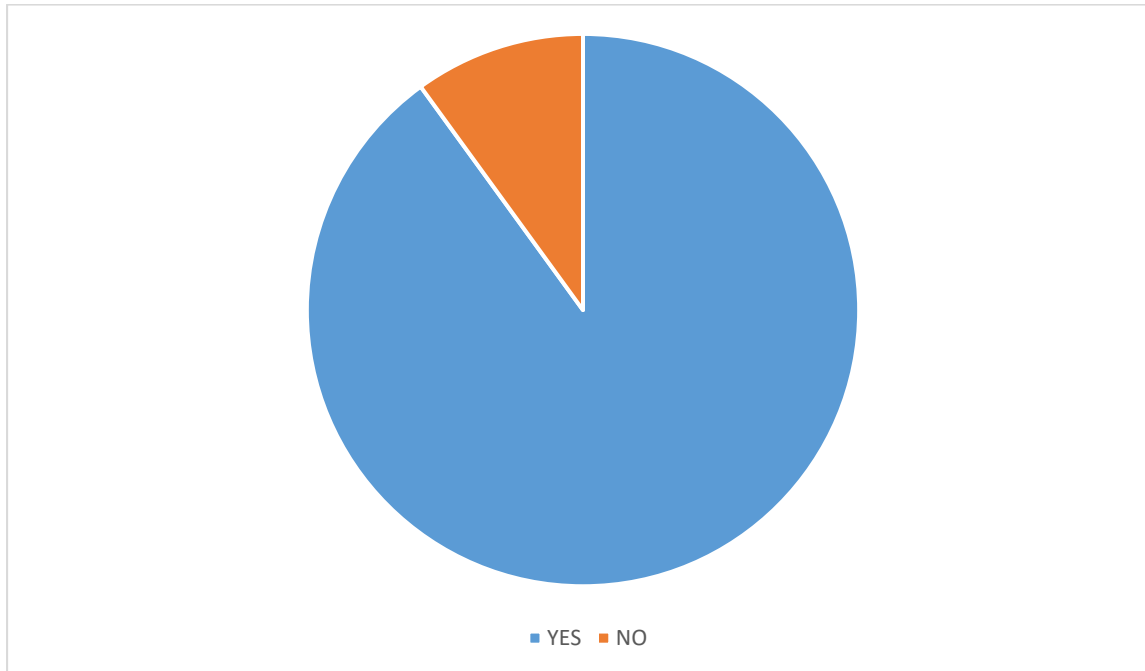


Figure 7: Respondents view on reasons behind alcoholism.

Majority of the respondents (90%) indicated that they have reasons behind the intake of alcohol while 10% indicated they do not have any reason of the alcohol intake.

Table 6:

Statements	SA	A	D	SD	TOTAL
Because of financial issues	28	24	10	38	100
To do my work	45	15	20	20	100
Relationship issues	42.5	30	17	10.5	100
Because of stigmatization	47.5	30	15	7.5	100
Unemployment	28	22	14	15	100

The above table seeks to analyze the reasons of alcoholism among respondents. Out of the 50 respondents, 28% indicated that they strongly agreed that financial issues with 24% indicated they agree. 10% however disagrees that financial issues discourage them health accessibility while a total of 38% strongly disagree.

Forty-five percent (45%) of the respondents strongly agreed that they take alcohol to do their works with 15% agreeing while 20% of the respondents indicated disagree and strongly disagree. In terms of relationship issues, 42.5% indicated they strongly agreed while 30% said they agreed. 17% said they disagree with 10.5% strongly disagreed. To find out whether it is because of stigmatization, 47.5% and 30% indicated they strongly agreed and agreed respectively while 15% and 7.5% disagreed and strongly disagreed respectively. Twenty-eight percent (28%) indicated that it's because of unemployment.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter deals with the discussion of findings of the study. It compares the findings with that of the literature review. It also includes the drawing of conclusion and making recommendations based on the findings. This discussion is based on the specific objectives of the study.

5.1 Discussions

5.1.1 Knowledge level of youth on alcoholism.

With regards to the knowledge on alcoholism, most of the respondents (90%) indicated that they heard about alcoholism and 10% of the respondents indicated they do not have much knowledge about alcoholism. Majority of the respondents (40%) said they their friends told them, 10% of the respondents indicated they know from the media and 20% of the respondent also indicated they were sent by some people and 30% also indicated they got to know it themselves.

Respondents were asked whether alcoholism is good in their society where only 4% of the respondents indicated no while 94% of the respondents indicated yes, meaning it is indeed good.

Similarly, this findings supports a study conducted by Ahinkora (2020) study which seeks to bridge this knowledge gap by determining the effects of alcoholism on the youth of Zongo Community in Wa of the Upper West Region of Ghana.

5.1.2 The perception of the youth on alcoholism.

With regards to how they perceive alcohol, respondents were asked of how they perceive alcohol after taking. Majority of the respondents (20%) indicated that alcohol is bitter where 20% also indicated it is sour and 10% also indicated that they can't describe how alcohol tastes. They were

also ask of the moody they got into after taking the alcohol and 30% indicated that they feel sleepy after taking, another 30 also said they feel aggressive then 4% also indicated their feel normal with 6% indicated they feel timid and then another 30% to also indicated they feel very wild. Respondents also ask whether they are still taking it or they have quit and 80% indicated that they are still taking it with 20% who indicated that they have quit or stop taking alcohol. This finding is consistent with a study conducted by Umar (2019) which aim to explore how alcohol consumption is perceived among youth in Koase in the Wenchi Municipal. His analysis provides the factors that lead to alcohol consumption, the frequencies of consumption, starting age of youth to consume alcohol and also correlation analysis on the subject matter. The results show that both positive and negative expectancies towards the perceived consequences of consuming alcohol are the main antecedents of consumption intention.

5.1.3 The possible reasons of alcoholism among the youth.

On the reasons for increase drinking and abuse of alcohol, it was found that, most respondents (38.0%) consume alcohol in order to forget problems or gain confidence. This was closely followed by those who drinks for pleasure (37.5%) and to satisfy peers (26.4). This confirms the findings of Kubbela (2020) that young people like taking alcohol and drugs to ‘‘kill boredom, ‘‘feel high, relieve stress, relax, and prove their maturity, for adventure’s sake and to go through periods of cold weather. The finding is also in line with Donovan et al (2019) assertion that peer groups have an influence on youth alcohol consumption. However, statistic test of association showed no association between alcohol consumption and reasons given by respondents. The finding of the current study is an indication that as the youth transit, they are faced with challenges in life such as employment, academic, relationship and therefore may result to drinking and abusing alcohol to overcome these challenges. A good number of the participants

(37.5%) consumed alcohol for pleasure. If there were recreational activities for these youth to be engaged in, it could have diverted their minds from drinking and abusing alcohol. From the study, one may say the youth involvement.

5.2 Conclusion

Based on the study carried out, the following conclusions were arrived at:

1. Advertisement on alcohol as sense of well-being as portrayed by the media is associated with youth alcohol abuse.
2. These alcoholic beverages have been portrayed to the public as being capable of curing all manner of diseases, hence luring even disinterested youth to join the bandwagon of excessive alcoholism
3. Social acceptance of the use of alcohol during social events contribute to youth alcohol consumption. Parental actions are instrumental in shaping early attitude and behaviours with regard to youth alcohol abuse. Persons coming from families who abuse alcohol are more at risk of becoming an alcoholic.
4. Peer relations provide a context in which alcohol use is either supported or discouraged
5. Enough leisure time and boredom was found to be associated with youth alcohol abuse. Lack of regulations regarding the sale and use of alcoholic beverages in the studied communities has contributed to alcohol abuse by the youth. Locally brewed pito and beer were sold at all places without restrictions. The youth took advantage of this to abuse alcohol. Some socio demo graphic characteristics were also found to be associated with alcohol abuse.

5.3 Recommendations

1. Ghana Health Service/ Christian Health Services (GHS/CHAG/) and religious bodies in the Bono Region, Berekum municipality needs to intensify public education campaigns on the effects of alcohol consumption. One approach to remedying this deficiency is for the health authorities to collaborate with religious leaders and other agencies such as NGOs to intensify their education campaigns on the effects of alcohol abuse. During durbars, campaign against alcoholism should form part of the agendas.
2. There is the need for Food and Drugs Authority (FDA) to ban or regulate advertisement of alcoholic drinks in the media especially in the Berekum municipality. A number of studies show that high taxation – and hence a high price for alcoholic beverages – has a decisive influence on amounts consumed. Where alcohol can only be obtained in a few places, its availability is limited and less is therefore abuse.
3. Traditional Authorities and the Government or his representatives in the region should enact bi- laws to control the sale and use of alcoholic beverages by the youth.
4. There is the need for the district Assemblies, churches, mosques to facilitate the formation of youth clubs to engage the youth in developmental or other income generating activities.
5. Ghana Health Service /Christian Health services should form youth friendly centers to educate the youth on dangers of alcohol abuse and sexually transmitted Infections.
6. Municipal health authorities and the district assemblies to offer free counselling services to those who are already alcoholics and non-alcoholics could establish youth counselling centers.

7. Municipal and District Assemblies in the Bono region should create some form of employment through youth training schemes and leisure centers to deal with boredom and youth unemployment. The government should come out with policies and programs to support the youth to manage poverty
8. Parents should avoid wilfully giving or sending children to buy alcoholic drinks for them. Parents should also initiate teachings at home on dangers associated with alcohol abuse.

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APPENDIX

QUESTIONNAIRE

INTRODUCTION

Dear Respondent,

We are students of the Holy Family Nursing and Midwifery Training College, Berekum researching the topic; “A survey on the perception of health effects on alcohol consumption on the youth of Senase”.

Kindly answer the under-listed questions by ticking (√) the appropriate box or writing in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time without any penalty. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

PLEASE TICK [√] THE APPROPRIATE BOX WHERE APPLICABLE

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. Age a. 16-20 [] b. 21-25 [] c. 26-30 [] d. Above 30
2. Gender a. Male [] b. Female []
3. Educational level: a. Primary [] b. Junior High School []
c. SHS [] d. Tertiary []
4. Ethnicity a. Akan [] b. Ewe [] c. Hausa [] e. Other []
5. Religion a. Christianity [] b. Islam [] c. Traditionalist []
d. Other specified *(atheist, agnostic, pagan etc.)

6. Marital status

- a. Single []
- b. Married []
- c. Widowed []
- d. Divorced []

7. Occupation

- a. Self-employed []
- b. Employed by someone []
- c. Unemployed []
- d. Government worker []

SECTION B: THE KNOWLEDGE LEVEL OF THE YOUTH ON ALCOHOLISM.

8. Have you heard anything about alcohol?

- a. Yes
- b. No

9. Where did you hear it for the first time?

- a. A friend told me about it []
- b. Someone sent me []
- c. I got to know it myself []
- d. From the media []

10. What actually do you know about alcohol?

.....
.....
.....

11. Per societal norms, Alcoholism is not a good practice.⁷

- a. True []
- b. False []

12. Have tasted it before?

a. Yes []

b. No []

SECTION C: THE PERCEPTION OF THE YOUTH ON ALCOHOL INTAKE.

13. How was the taste?

a. Bitter []

b. Sour []

c. Can't describe []

14. How do you perceive alcoholism?

.....

.....

.....

15. How do you feel after taking the alcohol?

a. Wild []

b. Timid []

c. Normal []

d. Sleepy []

e. Aggressive []

16. Are you still taking it?

a. Yes []

b. No []

17. When was the last time you took alcohol?

- a. Yesterday []
- b. Last week []
- c. Last month []
- d. Last three months []
- e. Last six months []
- f. Last year []
- g. Do not remember []

SECTION D: POSSIBLE REASONS OF ALCOHOLISM AMONG THE YOUTH.

18. Are there reasons behind the alcoholism?

- a. Yes []
- b. No []

Indicate your position on the following statements by ticking (√) the appropriate option NB: SA=

Strongly Agree, A= Agree, SD= Strongly Disagree, D= Disagree

No	Statements (possible reasons of alcoholism)	SA	A	D	SD
19.	Because of financial issues				
20.	To do my work				
21.	Relationship issues				
22.	Because of stigmatization				
23.	Unemployment				

24. Do you think of any other reason?

.....

.....

.....

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)
HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM



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Our Ref.HENMTC/GC/011/01302023

Your Ref.

Date January 30, 2023

The Honorable Member
Senase Community
Berekum Municipality
Berekum - Bono Region

Dear Honorable Member

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under listed names of final year students of the College:

1. Atto Yedu Olivia
2. Boahen Rebecca

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic 'A survey on the perception of Health Effects on Alcohol Consumption on the youth of Senase.'

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

Grace Asantewaa
Supervisor

For: Principal