

**UNIVERSITY OF GHANA  
COLLEGE OF HEALTH SCIENCES  
SCHOOL OF PUBLIC HEALTH**



**FACTORS INFLUENCING ALCOHOL USE AMONG THE YOUTH IN TAIFA  
COMMUNITY**

**BY**

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**THIS DISSERTATION IS SUBMITTED TO THE UNIVERSITY OF GHANA,  
LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD  
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**DECLARATION**

I, Lamuo Ophelia Daanaah, hereby declare that this dissertation is my independent work, and all information used from other literature has been duly acknowledged. This work was supervised by Dr. Kwabena Opoku – Mensah.

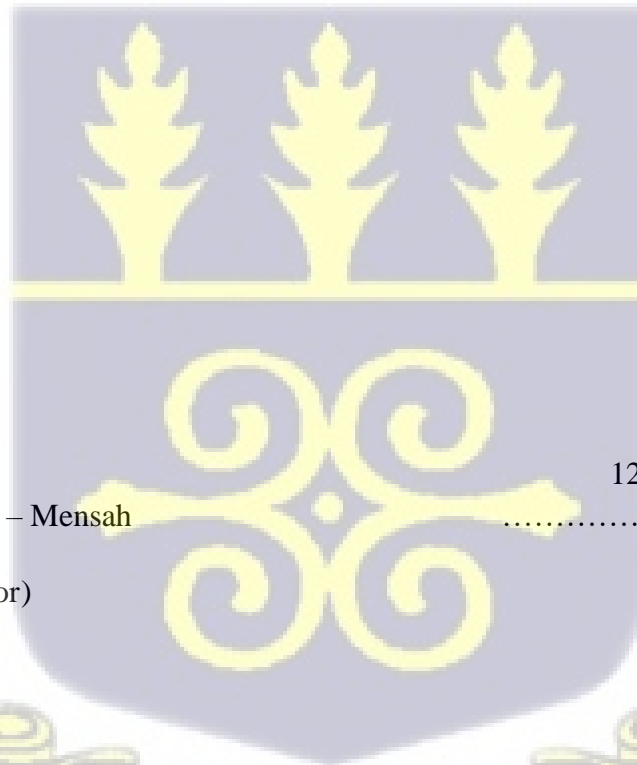


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**DEDICATION**

This dissertation is dedicated to God Almighty for His protection and guidance throughout my career.



### ACKNOWLEDGEMENT

The dissertation was made possible through the assistance of others. My deepest thanks goes to the Almighty God for his protection, blessings, and strength in allowing me to do this task. First and foremost, I want to express my thanks to Dr. Kwabena Opoku–Mensah, my supervisor, for guiding me through this project.

I also appreciate my family's love and unwavering support, especially my husband, Joseph Lamuo, and our children, Japheth, Joelene, Jesse, and Jossette.



## ABSTRACT

**Introduction:** The youth are faced with turbulent transformational conflicts, which impact on their physical, social, cultural and emotional states. This causes them to commonly search for new experiences and are always curious to gain new sensations and thus engage in alcohol use. It is against this background that this study seeks to explore the factors influencing alcohol use among the youth of Taifa community in the Ga East Municipality of the Greater Accra Region of Ghana.

**Method:** A descriptive cross-sectional study was undertaken, which provide a snapshot of what is happening presently. A sample size of 391 youth between the ages of 15-24 years residing in Taifa community were recruited for the study using a two multistage sampling method to recruit the respondents. Data collection was done using pre-tested structured interviewer/ self-administered questionnaire and data analysis carried out using Statistical Package for the Social Sciences (SPSS) version 26 and Microsoft excel 2010 spreadsheet.

**Findings:** The findings indicate that alcohol use among the youth in Taifa community is high with about 31.3% of the respondents attesting that they take alcohol at least once a day. The study further found that age and the reasons for alcohol are significantly related. Alcohol intake among females and students were higher than males and other occupations.

**Conclusion:** the youth involvement in the use of alcohol cannot be overemphasized. It is therefore critical that alcohol policy in Ghana take into consideration gender issues. Furthermore, the National Commission for Civic Education in collaboration with the Ghana Health Service and religious bodies in Taifa should intensify public education campaigns on the effects of alcohol consumption.

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**LIST ABBREVIATIONS**

BAC	-	Blood Alcohol Concentration
CDC	-	Centre for Disease Control
CHD	-	Coronary Heart Disease
FAS	-	Foetal Alcohol Syndrome
GDHS	-	Ghana Demographic and Health Survey
NSDUH	-	National Survey on Drug Use and Health
PBT	-	Problem Behaviour Theory
SAB	-	South African breweries
SPSS	-	Statistical Package for Social Sciences
WHO	-	World Health Organization



## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the study

Alcohol is acknowledged to play a critical part in socialization and bonding for many cultures throughout history, and as a result, alcohol use is distinguished by large geographic variances across the globe due to cultural differences (Ritchie and Hannah, 2018 & Ssebunnya et al., 2020). Its consumption is notably low in the WHO territories of Eastern Mediterranean and South - East Asia, with less than 5% prevalence or even nil among adults in many of those countries reporting alcohol consumption (Ritchie and Hannah, 2018).

According to the Bill and Melinda Gates Foundation's World Global Health Status reports, the prevalence of alcohol use in the WHO Areas of Europe, the United State of America, and the Pacific Rim was over 90% in 2016. (Bill and Melinda Gates Foundation's World Global Health Status report, 2018). It was also discovered that 32.5 percent (2.4 billion) of the world's population consumes alcohol, with 0.9 billion women and the rest being men.

The findings from several academic research appear to point to an increase in alcohol consumption among the youth. For instance, Vidourek and King (2010) in a study investigated the protective factors for recent alcohol use in African-American teens and discovered that those who engaged in risky behaviours uses alcohol and other drinks. In West Africa, empirical evidence shows that the prevalence of alcohol intake is between 40% and 60% with some countries like Nigeria recording higher prevalence (WHO, 2011).

Various environmental and internal factors influence differences in alcohol consumption patterns and the harm they cause across population groups (Chartier et al., 2017). Chepkemoi (2011) conducted a study in Kenya and noticed that family history, peer pressure, economic

background, and alcohol accessibility, cultural beliefs, advertisement among others, influenced alcohol abuse among the youth. A study conducted in 2019 reported 6.8% of the youth in Ghana using alcohol. In that study, 11.1% of the youth became permanently drunk, and 12.6% were still drinking (Oppong Asante & Kugbey, 2019). Another study reported that alcohol use is primarily to cope with stress, improve appetite, improvement in sexual drive and promotes sociability in Ghana despite the country being among countries with low alcohol consumption (Tampah-naah & Amoah, 2015).

More so, most African countries consumed imported alcohol rather than locally created varieties, which is absolutely opposite to Ghana, where locally brewed alcohol is most consumed (57%) trailed with beers (30%) as well as liquor (10%), with spirits such as pusher, striker, and K20 being the least consumed (3 percent) (World Health Organisation, 2014). Locally made alcohol includes palm wine, “Akpeteshie” (distilled from palm wine, sugar cane juice, and fermented sugar with nails.) and Pito (fermented millet or sorghum). Alcohol as a social beverage is used particularly during funerals, festivals, communal work, and other important gatherings in parts of the world. Alcohol in any form is sold in households, markets, social gatherings and at advertised vantage points.

The future of every nation resides with its youth. They are expected to be strong and healthy. Youth is the period between childhood and adulthood. The developmental changes within this period are accompanied by physical and psychological challenges (e.g. engagement in risky behaviours including substance use, self-harm and having unprotected sex) that increases their vulnerability to poor physical and mental health outcomes due to the fact that this stage of development is fraught with experimentations of several risky behaviours (Asante, 2019). The African Youth Charter defines a youth to be within 15-35 years. This is the definition adopted for this study.

Sections of the youth have been found to be alcohol consumers. However, consuming alcohol come at a grave consequence. The Bill and Melinda Gates Foundation's World Global Health Status reports that more than 4,300 deaths occur annually due to consequence of underage drinking (CDC, 2020). As a result of negative impacts on physical and mental health, alcohol abuse has been a significant health concern of the public among youngsters around the world (Onyeaka & Asante, 2021).

In other studies intrapersonal personal factors such as tobacco usage, sexually misconducts and having been physically assaulted are all most vital outcomes of alcohol consumption (Onyeaka & Asante, 2021). Additionally, sexual assault, indirect sexual victimization, physical beating, robbery, assault with a weapon, and survival sex were linked to continued alcohol use in Ghana, while robbery and assault with a weapon were linked to lifetime alcohol use in South Africa, according to a cross-sectional study of homeless youth in Ghana and South Africa (Asante & Nefale, 2021).

In a study conducted in Kampala to explore both occurrence and circumstances for alcoholic use among boys and girls residing in urban areas, it was discovered that 31 percent (346) of those who used alcohol in the period immediately preceding also had unsafe sex in the previous month (Swahn et al., 2020). Excessive alcohol use causes global mortality through cancers, toxic organ damage, and accidents and injuries (Stein et al., 2016).

In comparison to high-income countries, low-income countries have a higher death rates and hospitalization rates due to alcohol consumption per capita (Park & Kim, 2020). According to the Ghana Demographic Health Survey (GDHS), alcohol use is highest among males in the Volta region (42%), but lowest among females in the upper west area (37 percent) (Osei-Bonsu, 2017).

Furthermore, alcohol use has also been reported to embolden some people to engage in risky behaviours (Doku, 2012). There are reports of criminal activities in Accra including Taifa where the youth are reported to use alcohol (Criminal Investigation Department - Ghana Police Service, 2016). Nonetheless, when it comes to the exact nature of the factors that influence alcohol use among the youth in the Taifa community, research evidence does not exist. Hence this study sought to investigate factors that influence alcohol use among the youth in the Taifa community in the Greater Accra Region.

## 1.2 Problem statement

Alcoholic beverages are intoxicating drinks containing the compound ethanol of various concentrations (Wiwanitkit, 2019). The Center for Disease Control and Prevention reported alcohol is the most often used and misused drug among young people in the United States (Esser et al., 2017).

Alcohol use is a major global problem and constitutes one of the leading causes of preventable deaths, injuries, suicides, homicides and illness (Gruenewald, 2011). Despite the minimal benefits that have been proposed, excessive alcohol consumption can lead to serious alcohol-related problems such as dependence, cirrhosis of the liver, malignancies, accidents, psychosis, impotence, and social vices (Hannah and Ritchie, 2018). Hannah and Ritchie (2018) reported that, 1.3 percent of the world's population (approximately 100 million people) suffer from an alcohol-related disorder.

In Ghana, it is therefore anticipated that 24% of women who have experienced physical and/or sexual intimacy partner abuse at some point in their lives, is as a result of their partners' alcohol consumption (Amegbor et al., 2020). This is linked to male intimate partners abusing alcohol and engaging in violence against women, and heavy alcohol use by heterosexual men increases the prevalence and degree of violence or aggressiveness against women as compared to non-

drinking persons. The study also indicated that women are three times more likely to encounter domestic violence if most of their sexual partners use alcohol (Amegbor et al., 2020).

Meanwhile, policies such as high tax on alcohol, regulating alcohol-selling bars, health education, and etcetera had failed to reduce alcohol intake among the youth partly due to negligence in considering factors influencing people to take alcohol while others do not. The Sandema Chief claimed that the installation of many levies on distilled spirits, particularly "Akpeteshie," to make them expensive and deter people from misusing them had been delayed, and as a result, many people had been abusing it (Anyinzaam-Adolipore and Alhassan, 2020).

Similarly, alcohol use especially among the youth in Taifa has progressively turn out to be a serious socioeconomic and public health issue in recent times. Much of the news report on crime appear to support the view that crime is on the increase and Christiana, Augustine, James and Jameela (2019) have shown that the youth who abuse alcohol engages themselves in criminal activities. The Food and Drugs Board (FDB) in 2012 swooped on a residential facility in Taifa where fake alcoholic beverages and impounded over 100 cartons of assorted fake alcoholic beverages, 3 large drums (250 litres) of ethanol, 2 gallons of flavorings, and large quantities of alcoholic beverage labels, bottle cups, empty bottles and paper cartons. The swoop also revealed the suspect was a distributor of some known local alcoholic beverages including Agya Appiah Bitters, Ohene Ba Kasempa Abe Nsuo Gin, and Baron Captain's Dry Gin but produces fake J.H. Henke's Schnapps, J.H. Captain's Schnapps, and Castle Bridge London Dry Gin to retailers of alcoholic beverages. In 2013, the following alcohol induced incidence occurred - a man was reported to have defiled two teenagers in turns (<https://www.ghanamma.com>). Also two people were shot dead in a shooting incidence at Taifa-Burkina in May 2017 (<https://starrfm.com.gh>), daylight robbery reported in Taifa in March 2019 (<https://www.ghanaweb.com>), a 32-year-old man commits over GHS 2,000 debt

in September 2021(<https://citinewsroom.com>). When it comes to the exact nature of the relationship between these crimes and substance abuse especially alcohol use, research evidence is very scanty. Although there are a few studies that examined the related factors that leading to alcohol use, abuse, and alcoholism (Finger, et al., 2010) there are not enough studies conducted about factors causing alcohol use among the youth and within Taifa in particular. In addition, these studies have been conducted at institutions such as secondary schools and not focused on a community wide study such as Taifa. The varying demographics and the controlled nature of the environments of such studies makes it difficult to apply the findings to open and free society.

Furthermore, in spite of the effort made by the Ministry of Health in collaboration with the Food and Drugs Board in educating and controlling the access to alcohol by the youth, there appears to be an ease with which the youth of the Taifa community purchase alcoholic beverages. This is a confirmation of non-functional regulatory bodies existing in the community. Highly intoxicated individuals usually found themselves in risky sexual conduct without taking any protective measures, rape, and defilement in the community as reported by family members and parents as evidence(Connor et al., 2015). Anecdotal evidence shows that these incidence occur in the Taifa community.

It is against this background that this study sought to determine the factors contributing to alcohol use among the youth aged 15-35 years in Taifa to inform policymakers on intervention measures in the line of alleviating the situation.

### **1.3 Research questions**

**The study sought to answer the following research question**

1. What is the prevalence of alcohol usage among the youth in the Taifa community (in terms of frequency and quantity)?

2. What types of alcoholic drinks do young people consume?
3. Is there a difference in alcohol use based on demographic factors?
4. What variables influence the use of alcohol among Taifa's youth?
5. What are the effects of alcohol consumption on Taifa's youth?

#### **1.4 General Objective**

The goal of the study was to find out what factors impact alcohol use among Taifa's youngsters

#### **1.5 Specific Objective**

1. To assess the prevalence (i.e. frequency and quantity) of alcohol use among the youth in Taifa
2. To identify the types of alcohol used among the youth and assess respondents' knowledge on alcohol.
3. To determine if respondent's alcohol use differ across their demographic characteristics.
4. To determine the variables that contributes to alcohol usage among Taifa's youth.
5. To identify the impacts of alcohol use on the youth in Taifa community.

#### **1.6 Justification of the study**

It is widely believed that the youth will usually engage with experimenting with several risky behaviors which include drug and alcohol use. Many academic inquiries have argued that alcohol use among the youth has been influenced by factors such as accessibility and availability of alcohol, gender and age and nature of neighborhood. An additional established factor that plays a crucial part in alcohol use among adolescents is parental influence (Habtamu & Adamu, 2013, Strunin et al., 2015, Osei-Bonsu, 2017).

Research has established that the younger population (less than 21 years) are now engaged in excessive drinking of alcoholic beverages (Oppong Asante & Kugbey, 2019). Students in the Basic and Second cycle schools have been reported to be heavy users of alcohol and other drugs- about 12.6% for current alcohol use (Oppong Asante & Kugbey, 2019). Such high prevalence rate of alcohol use among adolescence especially school-going adolescents is a critical public health problem. Other researchers such as Suliman (2010) further argue that drug use including alcohol use gives a high probability of the individuals engaging in risky sexual behaviors.

Consequently, there are several health implications of alcohol use and misuse, especially among the younger population. As per the World Health Organization, children and teenagers aged 10 to 19 are vulnerable and extremely prone victims of various cognitive illnesses (Ribeiro, 2014). A similar study further corroborates that many substance abusers who in 2017 were seeking treatment for their abuses, were reportedly using more than one substance, typically a mixture of alcohol, marijuana, cocaine, and heroin (Bird, 2019).

Evidence shows that the youth have been migrating from all parts of the, Southern, middle and northern parts of Ghana. to the capital in search of greener pastures. Many of these youth reside in Taifa and its surroundings as they indulge in alcohol usage, but regardless of this, the prevalence of alcohol use and its contributing factors among them are not investigated.

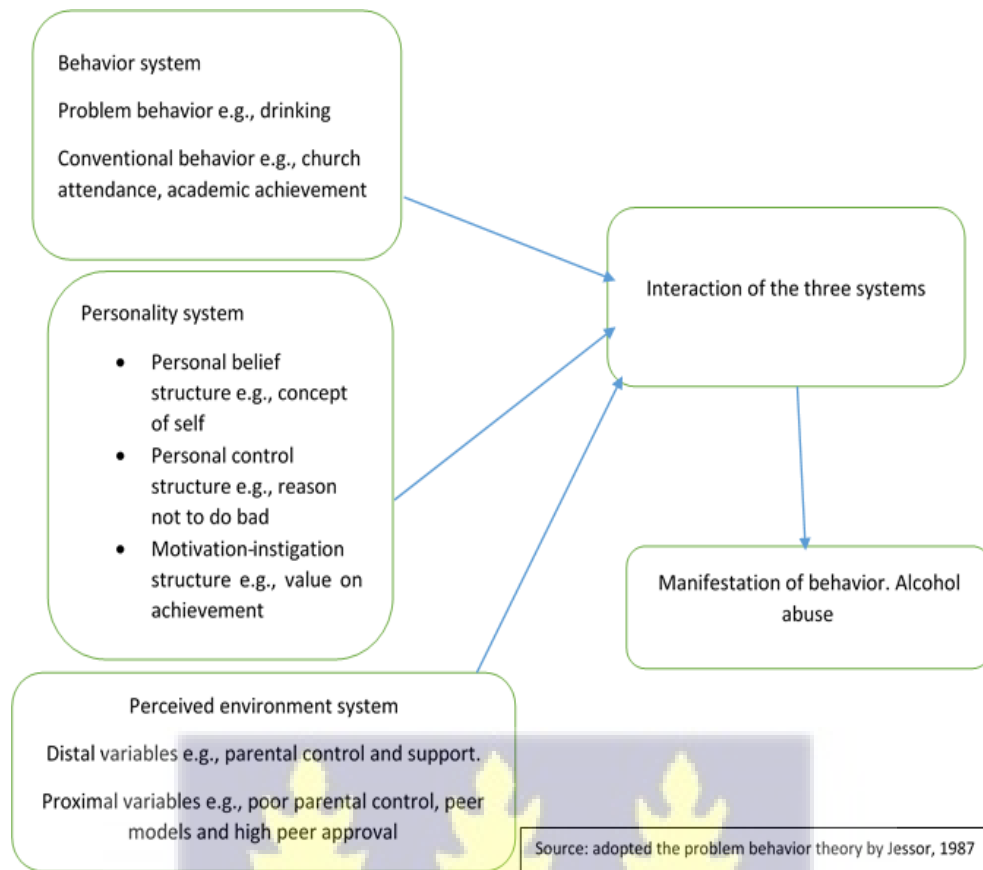
In light of this knowledge gap, the goal of this study was to uncover underlying issues contributing with youth alcohol consumption as well as the detrimental impacts of alcohol use among Taifa's youth. The study explored the causal factors for alcohol use which might be necessary in preventing and managing alcoholism. The findings would also help policy makers develop policies to curb this public health problem. Additionally, the findings of the study would add to and compliment the body of literature in the area being investigated.

### 1.7 Conceptual Framework

In the development, formulation, administration, and assessment of intervention, health theories and models are used. As a result, psychologists and social science researchers use cognitive and behavioral theories to explain substance abuse, including alcohol consumption (Coffie, 2010).

The research utilised Jessor's problematic behavior theory (PBT), a social-psychological framework that proposes that both internal and external influences a person's problem behavior (Karaman, 2013). A problem conduct, according to the notion, is any behavior that violates both social and legal standards (Darvishi et al., 2022). The PBT is based on the premise that behavior results from dynamic and continuous interactions between the individual and the environment. The perceived-environment system, the personality system, and the behavior system are all intertwined in PBT. Within each system, there are elements that either encourage or safeguard an individual and thus affecting the proneness for engaging in behaviors that contravenes social norms hence deemed problematic by society (Karaman, 2013).

According to PBT, the balance of instigation factors (which favor problem behavior) and protective variables influences whether or not a person would engage in problem behavior such as drinking and driving (Lam, 2010). Demographic and social factors are said to also affect personality and perceived environment systems and has an indirect impact on behavior. The general goal of this study was to discover the elements that influence the usage of alcohol as a social habit among the young in the Taifa community. As a result, the PBT framework was used for this study since it clarifies the development and nature of problem behaviors.



**Figure 1: Conceptual framework**

During planning, development, implementation, and evaluation of interventions, health theories and models such as the PBT are applied. As a result, cognitive and behavioral theories are used by psychologists and social scientists to explain substance abuse, including alcohol consumption (Coffie, 2010).

### ***Problem Behavior Theory (PBT)***

In this study, the Problem Behavior Theory (PBT) was used to define dysfunction and maladaptation in the context of alcohol use and other problem behaviors. PBT's central premise, which stems from Merton's 1957 concept of anomie and Rotter's (1954) social learning theory, is that all behaviors emerge from the structure and interaction of three psychosocial influence systems: the behavior system, the personality system, and the perceived environment system. There are either protective or contributing factors for the development of dysfunctional behavior within each system.

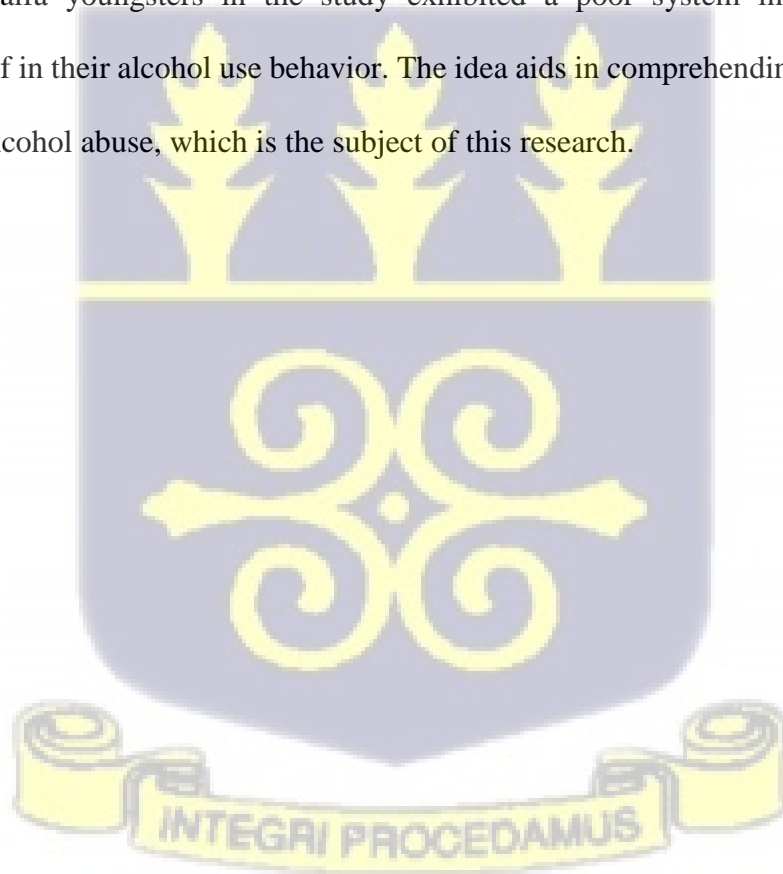
**Behavior system** - This applies to both problematic and normal behavior patterns. Dysfunction structures deviate from social and legal norms, necessitating external control measures such as drinking and marijuana use, whereas conventional structures are those that are socially and normatively acceptable and expected, such as going to church and performing well in school (Milkman & Wanberg, 2012). Problem behavior emanates from the conviction of autonomy from parents and societal influence. Meanwhile, conventional behaviors are behaviors oriented towards societal norms of appropriate conduct such as church attendance and good academic performance.

**Personality system** - This entails a composite of long-term factors, such as motivational-instigation structure, which is determined by the value placed on achievement, personal belief framework, which is connected to a human's concept of self in relation to society, and individual control structure, which provides a person with a reason to refrain from engaging in a problem behavior (Vansteenkiste et al., 2020., Lueking & Goldfine, 1975 & Karaman, 2013). Self-esteem is one of the personality factors which is associated with increased risk engagement like alcohol use. Persons with high self-esteem value themselves more and demonstrate more confidence as well as promote personal autonomy and role taking activities than those with low self-esteem.

**Perceived environment system** - This takes into account the problem behavior's distal and proximal characteristics. The proximal variables deal with a person's environment in relation to available behavioral models, such as parental approval of a problem behavior (alcohol use, elicit high peer approval, peer models), while the distal variables deal with a person's relationship with their support network, such as parental support and control (to desist from alcohol use) (Jessor 1987). This affirms the assumption that individuals learn how to behave through a process of modelling and reinforcement, imitating behaviors observed in others that are perceived to have positive outcomes. Exposures to successful, high-status role models who

engage in alcohol use are likely to influence the youth. Peer influence may also suggest to the youth that alcohol use and risky sexual behaviors are necessary if one is to become popular, cool, sexy, tough and even sophisticated.

According to the hypothesis, internal and extrinsic factors impact socially and legally acceptable behavior. The theory is based on the combination and interaction of three systems of psychosocial factors (perception –environment, personality, and behavior systems). Each system's influences enable either positive or negative conduct. Any activity that violates social and legal standards is indicative of an imbalanced interaction, such as poor parental control, strong peer approbation, problem behavior such as drinking, and a weak personal control system. The Taifa youngsters in the study exhibited a poor system interaction, which manifested itself in their alcohol use behavior. The idea aids in comprehending the underlying issues behind alcohol abuse, which is the subject of this research.



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This section is solely based on factors influencing alcohol use among the youth. Which will be reviewed under the following; the origin and production of alcohol, wines, beers, whisky and liquor, locally made alcohols, alcohol consumption, treatment of alcoholism and policies and interventions.

#### **Origin, chemical constituents and production of alcoholic beverages**

Alcohol is the most potent and widely used euphoric chemical and nervous system depressant on the planet. An alcoholic beverage is a beverage that contains ethanol, which is created through the fermenting of cereals, fruit and vegetables, or other carbohydrate origins (Ashitey, 2019). The minimal alcohol percentage required to be called an alcoholic beverage varies by region, from 0.0 percent in the Eastern Mediterranean, 0.7 percent in Southeast Asia, 1.1 percent in the Americas, 1.4 percent in the Western Pacific and European regions, and 1.6 percent in Africa (WHO, 2011)

Notwithstanding these negative consequences of alcohol consumption, drinking plays an essential social role in many cultures, particularly in Ghana (Nwagu et al., 2017). The manufacturing, sale, and consumption of a product are all regulated in most nations. Locally produced alcoholic beverages (Akpateshie and Pito), wines, beer, whiskey and liquors are among the alcoholic drinks accessible among Ghanaian (Ashitey, 2019). According to a WHO data from 2011, adult consumption of alcoholic beverages in Ghana was 27 percent beer and 5% wine. 2% whiskies and 66 percent of a variety of other locally produced alcoholic beverages

### 2.1.1 Wines

Grapes, peaches, plums, and apricots are all used to make wine. Though trade has made it available globally, it is most widespread in grape-producing countries such as Europe and South America. Phytochemicals, antioxidants, and ethanol (4–12%) are all found in wine (Pazhani Saranraj et al., 2017). Because wine is typically regarded as a healthier alcoholic beverage, customers are increasingly migrating away from beer use, with the majority of wine being offered in shops, hoteliers, clubs, taverns, and restaurants throughout Ghana (Ashitey, 2019). The most popular wines drunk in Ghana are European and South African brands, as opposed to American brands, owing to transportation cost differences. Wines are frequently labelled on the container with the proportion of alcohol and the accompanying health dangers to fulfil international requirements (Gmel, 2014)

### 2.1.2 Beer

Beer is made by adding fermentation process to malted cereals such as corn, rye, wheat, or barely and fermenting them. Beer typically includes 4–8% alcohol by volume. Because beer is a good source of folate, it's linked to higher levels of folate and vitamin B12 in the blood, which lowers homocysteine levels. Homocysteine levels in the blood are linked to an increased risk of cardiovascular disease (US Department of Health and Human Services 2017). Beer with a high alcohol concentration is produced through complete fermentation. With two multi-national companies (Guinness and South African Breweries (SAB)) brewing multiple international brands onsite in Ghana, the beer market in Ghana was estimated to be worth \$450 million in 2017, taking account for about 75% of the total alcohol market value. The manufacturing economy estimates that the quantity of beer consumed will increase from 226 million gallons in 2012 to a projected 327 million litres in 2020 (Ashitey, 2019).

### **2.1.3 Whisky and liquor**

These are prepared by distilling a fermented juice of cereal grains with a 40% alcohol concentration or higher, together with sugar and flavourings (e.g., herbs). Scotch is a prominent whisky that comes from Scotland and is often considered to be the best on the Ghanaian market. Ghana is predominantly a market for European gins, whiskies, and cognacs. In 2018, imported whisky totalled \$28.4 million, with Indian bargain whiskies grabbing a large share of the market in recent years (Ashitey, 2019).

### **2.1.4 Locally made alcohols (Akpateshie, palm wine and Pito)**

Akpateshie is made from palm wine or sugar cane juice that has been fermented and distilled. Despite the fact that it is mostly grown in southern Ghana, the higher areas of the country consume the most. It contains between 40 and 50 percent alcohol. The colonial overlords forbade akpateshie brewing in Ghana until after liberation, when it was permitted (Popova, Mph, et al., 2017). Due to the abundance of raw materials, the first commercial alcohol production factory was created in the Volta Region (sugar cane). Locally produced beverages like akpateshie (distilled sugar or palm spirit) and palm wine are extensively marketed in informal markets and are still the preferred alcoholic beverage of many Ghanaians. Because of their low cost, they are widely available. As a result of the growing demand, modern agro-processing has proliferated, resulting in an increase in the availability of branded local spirits advertising both their local origin and quality standards (Ashitey, 2019).

Partially fermented malted sorghum is used in pito brewing. Pito, which originated in Northern Ghana and parts of Nigeria, is now widely brewed and drunk in Ghana and West Africa as a result of migration. Pito Brewery is one of the few industries in which women are still underrepresented. The finished product ranges in color from golden yellow to dark brown and has a somewhat sweet to sour flavor. Pito contains lactic acid, carbohydrates, amino acids with

roughly 2–5% alcohol, vitamins, and protein, according to scientific examination (Lobnibe, 2016).

## 2.2 Alcohol consumption

Alcohol intake, according to (Collins & Kirouac, 2013) in the Encyclopaedia of Behavioural Medicine, is the act of drinking an ethanol-containing beverage through the mouth. Some alcohols, such as isopropyl and methyl alcohol, are harmful and should not be consumed, according to the authors. Nonetheless, alcohol consumption has long been a staple of most funerals, religious and spiritual events, and social gatherings in our communities. As a result, for many people, moderate alcohol drinking is casual, social, celebratory, and joyful. Furthermore, alcohol is thought to promote euphoria and increase sociability at such low dosages.

Public health experts have attempted to define the constitution of a standard drink which is one with about 14grams of pure alcohol. This is to help advance clinical and research decisions as it also helps to determine how much alcohol one is consuming. Based on the this, alcohol consumption is characterized moderate, heavy, and binge drinking(Niaaa, 2018).

According to the Dietary Guidelines for Americans, moderate drinking is defined as no more than one drink per day for women and two drinks per day for men(Dietary Guidelines Advisory Committee, 2020). It is termed heavy alcohol intake when a male consumes more than two drinks per day or a woman consumes more than one drink per day. Binge drinking is a pattern of excessive alcohol consumption (usually more than four or three drinks in a single sitting) that results in a blood alcohol concentration (BAC) of 0.08 percent or higher.

Youth attendance in social functions such as funerals, marriages, and baby naming ceremonies, where wines, spirits, and beer are usually consumed, is particularly noteworthy in Ghana. According to Ghana's Draft Policy Report on Drinking, alcohol is more widespread among

Ghanaians aged 25 to 49 than in the general population (Ashitey, 2019). Furthermore, the report's statistics revealed a high average per capita annual intake of total alcohol ranging from 2.5 to 4.9 litres for people aged 15 and up between 2014 and 2017.

As a result, excessive alcohol use is linked to a number of undesirable outcomes, including being a risk factor for diseases and health effects, criminality, traffic accidents, and even alcohol dependence. Each year, 2.8 million people die prematurely due to alcohol usage around the world (Hannah & Roser, 2018). Alcohol intake among kids is a significant factor since alcohol is a psychoactive chemical that has a variety of effects on the body. Addiction or reliance on alcohol leads to young people engaging in social vices in order to fund their unquenchable thirst for alcohol (Awa, 2018). Whatever way to attain this is acceptable to the youth, which may drive them to participate in risky behaviours such as unprotected sex and the use of other illicit drugs such as marijuana and cocaine (Centers for Disease Control and Prevention - Division of Adolescent and School Health, 2018).

### **2.3 Prevalence of alcohol intake**

Alcohol misuse is seen as a global problem, and excessive alcohol consumption has resulted in significant illness and mortality around the world. Alcohol was projected to have caused around 3.3 million deaths globally in 2012, accounting for 5.9% of all deaths, or one out of every twenty deaths (Olayinka & Ozoekwe, 2016). As per the 2019 National Survey on Drug Use and Health (NSDUH), 85.6 percent of people aged 18 and up have consumed alcohol at some point in their lives, 69.5 percent have consumed alcohol in the previous year, and 54.9 percent (59.1% of men and 51.0 percent of women) have consumed alcohol in the previous month in the United States (NIAA, 2020).

Approximately 17% of teenagers had suicidal thoughts in the previous 12 months, and 15.6 percent began drinking before the age of 13. Teenagers who began drinking before the age of

13 had 1.60 times the chance of developing suicidal thoughts, whereas those who began drinking after the age of 13 had 1.47 times the chance of developing suicidal ideation (Baiden et al., 2019)

Over 1.8 million deaths have been linked to alcohol consumption, with a lifetime prevalence of 68.90 percent among Caribbean people. Olayinka & Ozoekwe (2016) reported that alcohol consumption was highest within the age range 16-20 years with 66.67 percent and the majority being boys (73.91 percent) in their Dominica study, citing peer pressure, social activities, curiosity, and adult influence as reasons (Olayinka & Ozoekwe, 2016). Belarus and Russia have the greatest alcohol consumption in Europe, with 14-17 liters consumed per year. Lithuania, Czech Republic (Hannah & Rosers, 2019). North African and Eastern Mediterranean nations dominated by Islam have fewer than 2 litres per capita.

According to a WHO survey from 2014, 23.3 percent of Ghana's population aged 15 and over consume alcohol, with the Upper West Region having the largest proportion at 36.3 percent, followed by the Volta Region at 32.7 percent, and the Northern Region having the lowest proportion at 14.6 percent. According to a research by Homenu et al, 58 percent of adolescents in the central region consume alcohol, with peer influence, senior influence, medicinal objectives, festivals, and satisfying friends as contributing factors (Hormenu et al., 2018).

Globally, there had been a slight decreased in alcohol used disorders-related Disability Adjusted Life Years between 1990 and 2019 (Abbfati et al., 2020). For the age range of 24 - 49, alcohol use disorders accounted for 1.7% (1.2 to 2.2) of Disability Adjusted Life Years in 1990 which had decreased to 1.6% (1.3 to 1.9)

## **2.4 Reasons for alcohol intake**

Studies have shown reasons for alcohol consumption includes social motives, enhancement, coping, and conformity (Aboagye et al., 2021; Adeyiga et al., 2014; Asante & Nefale, 2021;

Onyeaka & Asante, 2021; Osei-Bonsu, 2017; Owusu-akyem, 2016; Popova, Mph, et al., 2017; Roche et al., 2015; Yawson et al., 2015).

Drinking to have fun with friends is one of the social motives. Enhancement refers to drinking to "get high" or for excitement, and it is the most typical motivation for heavy drinkers and teenagers to consume alcohol. Some people drink to cope with terrible circumstances in their lives, but this group are more prone to drink heavily. Some people drink for social conformity; they drink to fit in with certain peer groups (McCarthy-Boham, 2015).

Alcohol abstinence is low in high-income countries, but higher in North Africa, the Middle East, and South Asia, particularly in countries with large Muslim populations (Bill & Foundation, 2018). This high rate of abstinence within those countries could be attributable to restrictive regulations and religious prohibitions on alcohol intake by the general public (Burazeri & Kark, 2010).

## **2.5 Benefits of alcohol intake**

The consequences on the body organ system and its role in the development of a variety of medical disorders, including as coronary illnesses, liver cirrhosis, and fetal anomalies, have flooded the research literature (Asante, 2019; Bill & Foundation, 2018; González-Marín et al., 2018; Henríquez-Hernández et al., 2017; Lac & Brack, 2018; Pettigrew et al., 2016; Popova, Lange, et al., 2017; Popova, Mph, et al., 2017; Shalala, 2000; States et al., 2017; Tobias et al., 2018; WHO, 2011).

As a result, proof of any potential benefits of alcohol intake in the literature is scarce. However, some researchers claim that moderate alcohol intake has significant health benefits, particularly for the consumer's cardiovascular system (Lobnibe, 2016; States et al., 2017; WHO, 2011). As just a result, scholarly studies such as those looking at the link between alcohol use and a lower risk of coronary heart disease (CHD) have been carried out (Zhang et

al., 2017), The link among alcohol use and the risk of stroke has been investigated (Christensen et al., 2018) , the link between excessive drinking and hypertension (Husain et al., 2014).

The general view is that, depending on the dose, alcohol is both a tonic and a toxin. Alcohol is a psychoactive substance or drug that is present in alcoholic beverages as the active element. Protein, B vitamins, minerals, phenolics (antioxidants), ethanol, dietary fibers, and even prebiotic substances are all found in it (Snopek et al., 2018). When consumed in moderation, alcohol has a number of health benefits, including lowering the risk of kidney stones (beer has been shown to reduce the risk of kidney stones by 41%), strengthening bones (due to its high silicon content, which leads to an increase in bone density), and protecting you from heart attacks (Snopek et al., 2018) Red wine drinking has been demonstrated to lower blood pressure and heart rate individuals, and antioxidants have been shown to lower the blood cholesterol levels and have a favorable impact on particular human organs Snopek et al. 2018.

Reduced myocardial ischemia, protection from the cold, type 2 diabetes, stroke, and a greater impression of health are all health implications of alcohol consumption (US Department of Health and Human Services 2017). Wine made from grapes contains more than 1600 phytonutrients. The "French paradox," or the reduced prevalence of cardiovascular illness in the French population despite regular wine intake, suggests that wine is superior to other strategies in reducing the risk of cardiovascular disease (Oh et al, 2018; US Department of Health and Human Services 2017). Excessive alcohol consumption, on the other hand, poses a number of health risks on both an individual and societal level (Satish, 2019)

## **2.6 Effects of alcohol intake**

The effects of alcohol use are caused by risky and dangerous drinking habits. When the amount or pattern of alcohol drank puts people at risk for negative health consequences, this is known as hazardous drinking (Asante, 2019; Lac & Brack, 2018; States et al., 2017). Whenever

alcohol intake causes negative consequences such as bodily and psychological suffering, this is known as harmful drinking (Yawson et al, 2015; Adeyiga, Udofia, & Yawson, 2014). Interpersonal collapse, domestic violence, and bad parenting, which includes child abuse and neglect, are all factors that alcohol plays a role in (Lasebikan et al., 2018). As a result, excessive alcohol use poses a health risk (Satish, 2019) as well as negative social implications.

Alcohol addiction, liver cirrhosis, malignancies, depression, and other medical problems are among the major chronic and injury-related illnesses linked to excessive drinking (Osei-Bonsu, 2017). Approximately 1.3 percent of the world's population, or more than 100 million people, are believed to have an alcohol use disorder, with men accounting for more than 70 percent (71 million) of the total (compared to 30 million females) (Hannah & Roser, 2018).

Alcohol is responsible for 1.8 million deaths worldwide, or 3.2 percent of all deaths, as well as 4.0 percent of disease burden (McCarthy-Boham, 2015). The disease burden associated with alcohol use is disproportionately high in low- and middle-income populations and nations, where high injury rates are becoming more common. The consumption of alcohol during pregnancy has been linked to the development of foetal alcohol syndrome (FAS). The high proportion (about a quarter) of pregnant women in the general population who consume alcohol during pregnancy, according to the WHO European Region, mirrors the region's highest FAS prevalence, which is 2.6 times greater than the global norm (Popova, Mph, et al., 2017).

### **2.7 Factors influencing alcohol intake**

Age, sex, marital status, educational level, employment status, and religion all influence alcohol use. Men consume alcohol at a higher rate than women. Frimpong-Mansoh (2013) discovered that followers of traditional African religions were 50% more likely than Christians to be current drinkers.

Family structure, drinking by family members, parental/sibling modelling and approval of drinking, family attachment, family relationship, and parental monitoring have great impacts on drinking behaviors in adolescents. The observation that the drinking behavior of parents is an important impact factor in the formative stage of adolescents' drinking behavior is consistent with the concepts of social learning theory, which postulates that behavior arises from observation and learning (Nabavi, 2012). Children of heavy drinking parents (via initiation/modeling) and children of rigorously restrictive parents (through disobedience of authority) appear to be at a higher risk of drinking excessively.

The youth are greatly influenced by their peer groups, particularly the values of the society with which they are involved during their developmental stage. A close relationship with a drinking peer group tend to be the main motive responsible for adolescent drinking through imitation. Human learning is largely a social process therefore behaviors like alcohol use is supported or discouraged by interactions with peers (Gebeyehu & Srahbzu Biresaw, 2021).

Traditional festivals and ceremonies, and tribal culture itself have been shown to significantly influence the youth on drinking behaviors. Additionally, the individual personal traits in terms of status, beliefs and expectations as well as affective disorders such as depression and anxiety could influences ones engagement in alcohol use. Theses affective disorders affects or lowers conventionality and thus predisposes the youth into socially unacceptable behaviors. Advertisements by alcohol brewers on the radio, television, billboards, and print media also have a significant impact on drinking habits (Frimpong-Mansoh, 2013)

Physically and hormonally, the transition to adulthood is a moment of significant change. According to the US government, by the age of 15, over 30% of youngsters have had at least one drink, and by the age of 18, nearly 60% have had at least one drink. These factors,

combined with a lack of parental boundaries, might easily lead to these children abusing alcohol (Robinson & Melinda, 2020).

## **2.8 Treatment for alcoholism**

People often ascribe recurrent alcoholism to witchcraft and seek solace through spiritual methods (Obaga, 2008). Quitting drinking is not as simple as it appears, and victims are more prone to relapse as a result of the unpleasant withdrawal symptoms (Health, 2011). Within the hospital, however, a doctor does a face-to-face examination, symptom assessment, and medical history review, as well as getting information from family members if necessary (U.S. Department of Health and Human Services (HHS) & Office of the Surgeon General, 2016). An evaluation for any co-occurring mental health conditions is made and treatment are largely to reduce and manage symptoms and improve health and functioning and this is achieved with medications and evidence based behavioural therapies (Patel & Balasanova, 2021).

The Food and Drug Administration has approved drugs including Disulfiram, Naltrexone, and Acamprosate for treating chronic alcoholism (Akbar et al 2018). To help regulate impulses and triggers, non-medication treatments such as evidence-based psychotherapy alternatives and cognitive behaviour therapies focused on the links between ideas, feelings, and behaviours. This can also help with co-existing mental health issues like anxiety or sadness. Alcoholics Anonymous (AA) has also provided psychological help to members who are trying to quit drinking (Patel & Balasanova, 2021).

## **2.9 Polices and interventions**

In the United States, the legal drinking age is 21, however in Ghana, it is 18. Underage drinking is defined as someone who consumes alcohol before reaching the age of eighteen. Producers of alcoholic beverages are also required to state the percentage of alcohol in their products (Populus, 2014).

In the United States, the legal drinking age is 21, however in Ghana, it is 18. Underage drinking is defined as someone who consumes alcohol before reaching the age of eighteen. Producers of alcoholic beverages are also required to state the percentage of alcohol in their products (IPV) (Wilson et al., 2014).

According to the World Health Organization, the public health impact of illicit alcohol and informally produced alcohol should be reduced (Lachenmeier et al., 2011). A study findings suggest public acceptability of alcohol interventions is dependent on both the nature of the policy and its expected effectiveness (Pechey et al., 2014).

Alcohol is also not recommended for pregnant ladies. Because of the significant role played by locally produced alcohol brewers, policies aimed at restricting alcohol sales in Ghana generate fewer results. Other school-based alcohol prevention treatments, such as individualized feedback, moderation tactics, expectancy challenge, risky circumstance identification, and goal setting, have been linked to lower drinking frequency.

When parental controls are enhanced, family-based therapies are beneficial (Das et al., 2016). In Accra, Ghana, a national strategy was introduced in 2017 to regulate the production, distribution, sale, advertisement, and consumption of alcohol with the goal of preventing and minimizing alcohol harm to individuals, families, and society as a whole. The Ghana National Alcohol Commission was established as a central and independent coordinating agency to guarantee the new policy's implementation and enforcement. This policy has yet to have an impact on Ghana.

## 2.10 Conclusion

Alcohol is believed to have a key role in socialization and social functions such as naming and marriage rituals, funerals, festivals, and so on, according to literature, and thus consumption of alcohol is considered as joyful at such occasions. The ingestion of any beverage containing ethanol through the mouth is referred to as alcohol consumption.

It is often assumed that young people will experiment with a variety of dangerous behaviors, including drug and alcohol usage. According to the research, the younger population (those under the age of 21) is found to be excessively drinking alcoholic beverages, including our students in the Basic and second cycle schools. The high frequency of alcohol use among adolescents, particularly school-aged teenagers, is a major public health concern. According to the literature, locally produced alcohol is highly consumed in Ghana (57%) followed by beer (30%) and wine (10%), with spirits such as pusher, striker, and K20 being the least consumed (3%).

"Akpeteshie" and palm wine are two locally produced alcoholic beverages. The patterns of alcohol intake and the harm caused by it were shown to be impacted by a variety of external and internal factors across population groupings. In Kenya, for example, family history, peer pressure, economic background, and alcohol accessibility, as well as cultural views and advertising, were shown to be among the factors that influenced juvenile alcohol consumption. As a result, it is estimated that over 4,300 individuals die each year as a result of binge drinking.

Sexual assault, indirect sexual victimization, physical beating, robbery, assault with a weapon, survival sex robbery, and assault with a weapon are some of the other repercussions of alcohol consumption that have been discussed in the literature. A close examination of census data reveals that young people are flocking to the city in quest of brighter pastures. The majority of these teenagers live in Taifa and its environs.

Despite this rising number, little research has been done on the prevalence of alcohol use and abuse, as well as the factors that drive such harmful behaviors. As a result, there is a knowledge vacuum on the causes linked with youth alcohol use as well as the harmful consequences of alcohol misuse among Taifa's youth. This research aims to close that knowledge gap.



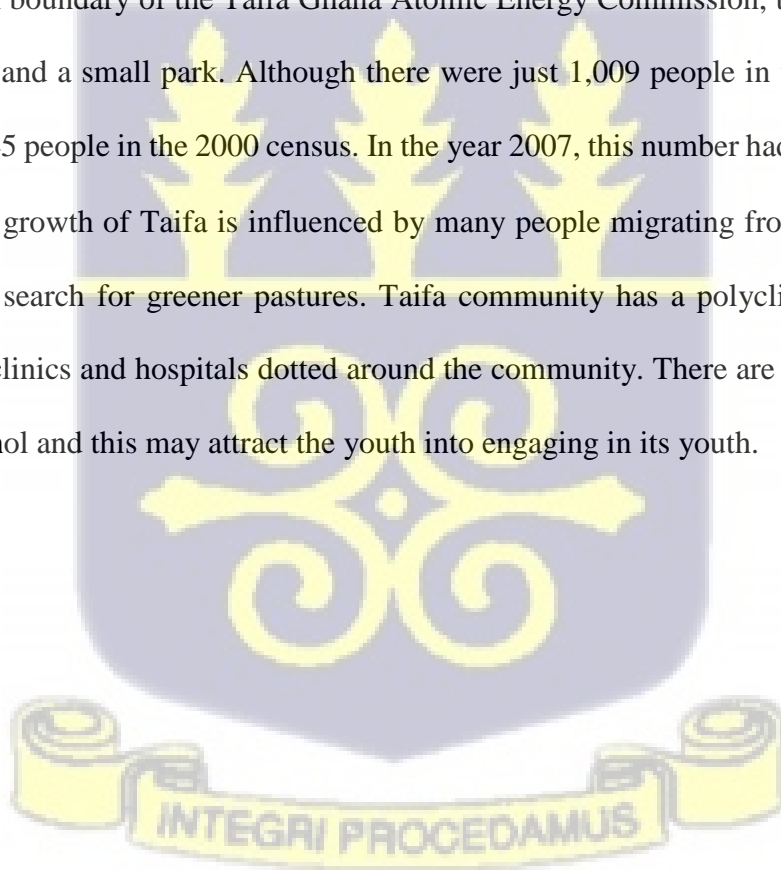
## CHAPTER THREE

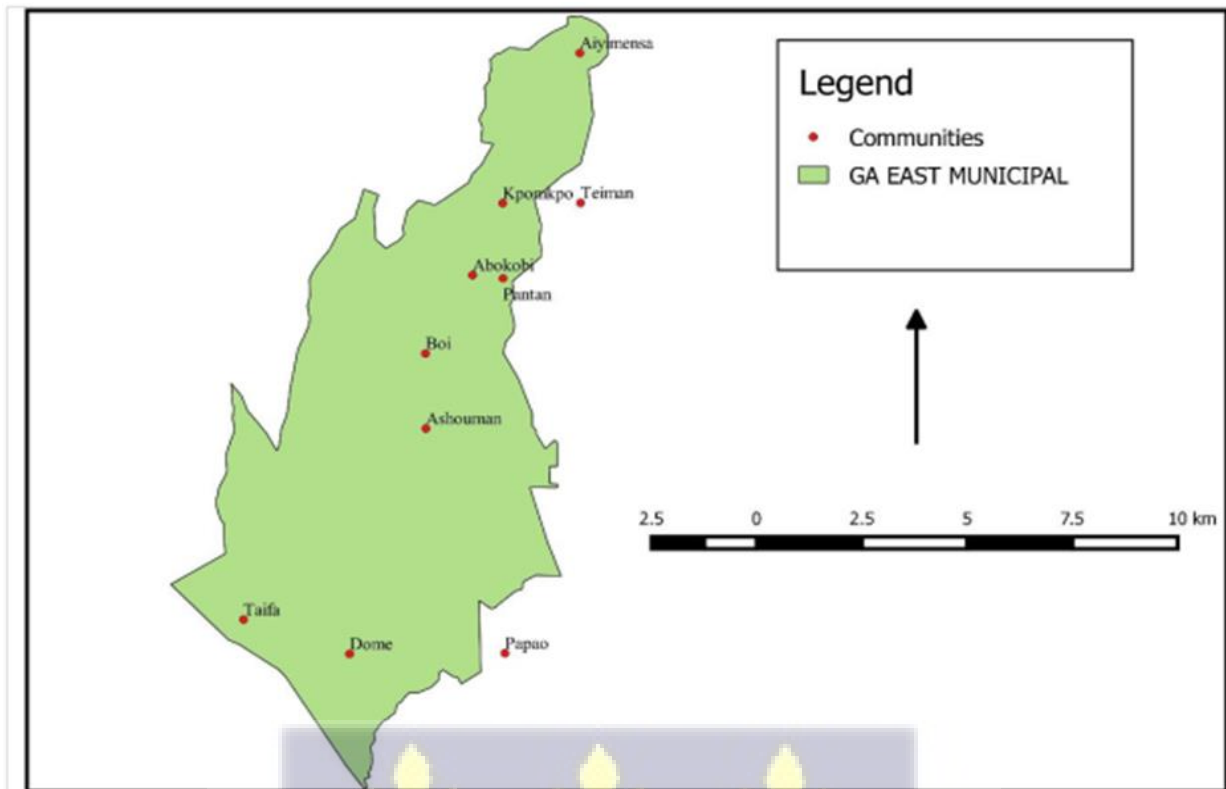
### METHODS

The methods and procedures used to attain the study's objectives are described in this chapter. The study area, population, and data collecting tool, as well as data collection methodologies and analysis, are all covered in this chapter.

#### 3.1 Study Area

Taifa is a settlement in Ghana's Greater Accra Region, located in the Ga East Municipality. It is close to Accra, Ghana's capital. In terms of population, Taifa is the twenty-sixth most populous settlement in Ghana (68,459). Taifa is a neighbourhood in Accra's northwest suburbs. On the northern boundary of the Taifa Ghana Atomic Energy Commission, there is a railway line breakpoint and a small park. Although there were just 1,009 people in the 1984 census, there were 26145 people in the 2000 census. In the year 2007, this number had risen to 48,927. The population growth of Taifa is influenced by many people migrating from various towns and villages in search for greener pastures. Taifa community has a polyclinic with several private owned clinics and hospitals dotted around the community. There are countless outlets for sale of alcohol and this may attract the youth into engaging in its youth.





**Figure 2: Map of Ga East Municipal Source; [gemanewsgh](http://gemanewsgh)**

### 3.2 Study design

The study was descriptive cross-sectional involving 391 young people aged 15 to 35 years. This design was chosen because it enables the relationship between variables of interest to be examined, as they exist in a target population either at present, or retrospective or in prospect. It is also appropriate for collecting data from a defined population over a short period. This gave an overview of what is going on in the research sector right now. In essence, such a study gives in-depth knowledge that is holistic and takes into account contextual factors (Owusu-Akyem, 2016). Cross-sectional study design is however unable to assess the temporal relationship between outcomes and risk factors. It is also highly susceptible to biases such as sampling bias and recall bias. These biases were minimized and/or eliminated with a clearly defined target population and a sampling frame. Additionally, convenience sampling was consciously avoided and bi-weekly follows up on non-responders was done. As a result, this

study design was the most appropriate way to unearthing youth experiences regarding elements that promote alcoholism. Data was acquired using a quantitative method with a structured questionnaire.

### **3.3 Target population**

The study's target population was all young people aged 15 to 35 (the African Youth Charter definition for youth) who live in Taifa, Ga East Municipality. The developmental changes within this period are accompanied by physical and psychological challenges (e.g. engagement in risky behaviours including substance use, self-harm and having unprotected sex) that increases their vulnerability to poor physical and mental health outcomes due to the fact that this stage of development is fraught with experimentations of several risky behaviours (Asante, 2019). The number of young people of both sexes is predicted to be 17,115, accounting for 25% of the overall population (68,459). Asante Twi, Fante, Ewe, Frafra, Wala, and Dagaare are among the tribes that live there and speak diverse languages. The study is based on a reliable sample of 391 people.

#### **3.3.1 Inclusion and exclusion criteria**

The inclusion group include; all youth between ages of 15-24 years, willingness to undertake the study through completing and signing consent form, and youth must be resident in Taifa. Exclusion criteria: Participants who do not meet these requirements.

The following eligibility criteria were used to select participants for the study. All youth between the ages of 15-35 years were eligible to be sampled for the study. One of the requirements for study eligibility would be willingness to participate in the study by filling out and signing a consent form. The aforementioned youth must be a Taifa resident. Participants who do not meet these requirements did not meet the criteria for eligibility were excluded.

### 3.4 Sample size estimation

The sample size was determined using Yamanes (1967)'s general method to guarantee that the study findings were representative of the population in the municipality

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

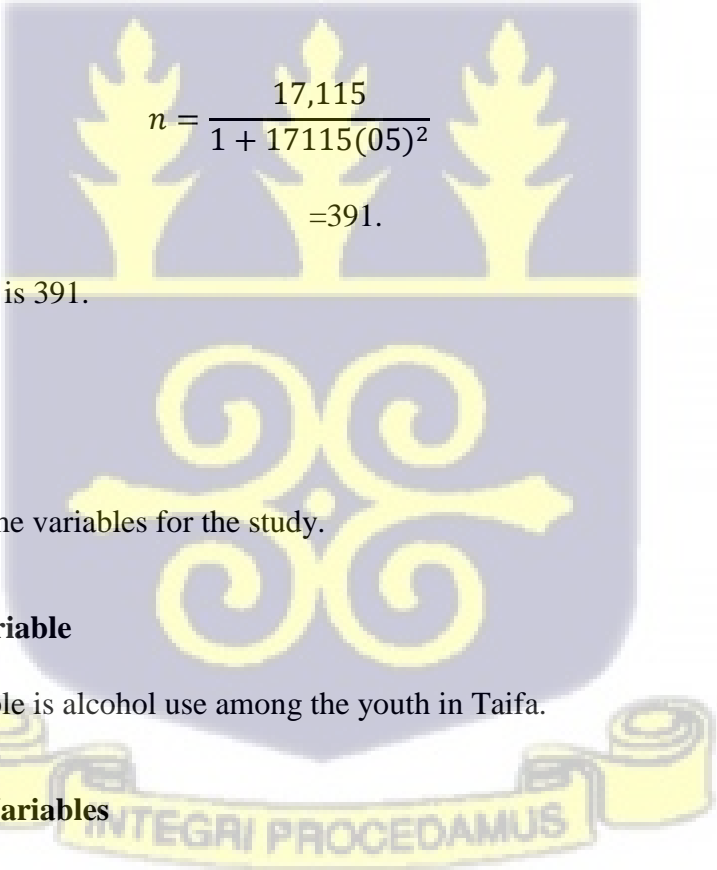
Where

n= sample size;

N= Total population of youth (taken as 17115 from a general population of 68, 459.on the Ghana Statistical census data)

$\alpha$  =margin of error (taken as 5%)

Therefore,


$$n = \frac{17,115}{1 + 17115(05)^2}$$
$$=391.$$

The total sample size is 391.

### 3.5 Study Variables

The following were the variables for the study.

#### 3.5.1 Dependent Variable

The dependent variable is alcohol use among the youth in Taifa.

#### 3.5.2 Independent Variables

The socio-demographic parameters are independent variables: poor parental control, peer pressure, age in relation to exploration, peer models, low religiosity, risky sexual behaviors and self-esteem etc.

**Independent Variables**

<b>Variable</b>	<b>Meaning</b>
Poor parental control	Show of little control, unsupervised, unsupportive of their children
Peer pressure	Direct/indirect influence on people of peers with similar interests and experiences
Age	Youthful age where they tend to explore
Peer models	Learning through observation, practice and modelling other’s behavior
Low religiousness	Lack of religious belief and practice
Risky sexual behavior	Having unprotected sexual intercourse, multiple sex partners, and illicit drugs

The variables were measured using a composite of indicators outlined as follows: ‘poor parenting’ is indicated by (1) control, which is defined by behavior regulation, direction confrontation, and maturity demand and supervision of the activities a child undertakes; and (2) nurturance, defined as the extent to which parents support and acquiescent to children's requests. Participant response was scored, with a total possible score of 2 points. If respondents answered 'Yes' to a particular type of parenting behavior, it was defined as poor parental control.

‘Peer pressure and peer models’ were other variables and measured with the indicators as: (1) Direct influence by peers to consume alcohol, (2) indirect influence by peers to use alcohol, (3) Learned to use alcohol through observation, practice and modelling other’s behavior. Response was scored, with a total possible score of 3 points. If respondents answered 'Yes' to a particular type of peer behavior, it was defined as peer pressure and/or peer models. In this study, peer pressure and peer models was calculated

only among those youth who had had at least been influence by their peers to use alcohol once up to the time of data collection.

Age defined and measured by 15 to 35 age group. Response was scored, with a total possible score of 1 point. If respondents answered 'Yes' to a particular type of age grouping, it was defined as age.

Risky sexual behavior was measured using a composite of the following indicators: (1) Having sex in exchange for cash or in-kind benefit; (2) Having more than one sexual partners; (3) failure to use condoms during intercourse at first and latest sex episode. Response was scored, with a total possible score 3 points. If respondents answered 'Yes' to a particular type of sexual behavior, it was defined as risky sexual behavior. In this study, risky sexual behavior was calculated only among those youth who had had at least one episode of sexual intercourse up to the time of data collection.

### **3.6 Data collection procedure**

The data for the study was gathered from a cross-section of the population. To enrol study participants, a multi-stage sampling approach was adopted. After living and working in the area for ten years, the researcher has extensive knowledge of the area. First, the Ga East Municipality's Town and Country Planning department provided a list of all the houses in Taifa. The houses were then clustered into zones. A simple random sample of 25 clusters was then made. Then within each cluster, a simple random sample of 15 houses is taken and finally, 16 drinking bars selected within the 25 clusters using a simple random sampling.

The first residence was chosen using a simple random selection process. Every 6th house was chosen by a systematic selection process until the sample size was reached. Simple random sampling was employed to select one participant when there were several eligible respondents

in a home. However, if a 6<sup>th</sup> house was entered and there was no eligible participant, counting skipped from there to the next 6<sup>th</sup> house.

A structured, interviewer/self-administered questionnaire with closed-ended questions was used to collect data. Participants who provided informed consent were interviewed using either an interviewer or a self-administered questionnaire. The data collection process took more than three weeks. The written structured questionnaire asked about socio-demographic data, the amount and types of alcohol being misused, and the factors that influence teenage alcohol use. Respondents were asked five questions to measure their alcohol knowledge; a correct response received a 1 and an incorrect answer received a 0 for each question. Respondents who received at least three out of a possible five points were regarded to have sufficient knowledge. Likert scales were used to assess alcohol consumption (frequency per day and quantity per sitting).

### **3.7. Data Analysis**

After the questionnaire was checked for completeness, the data were entered into the computer and analyzed using SPSS 20 statistical software. Range, mean, mode, and frequencies were used to summarize quantitative values. Simple frequencies and percentages were used to present categorical variables. Chi-square test was performed to assess the relationship between the dependent and independent variables, with statistical significance set at 0.05. A one-way ANOVA was used to verify whether alcohol use differed by demographic characteristics.

#### **Results presentation.**

Range, mean, mode, and frequencies were used to summarize quantitative values. Simple frequencies and percentages were used to present categorical variables. The Chi-square test was performed to assess the relationship between the dependent and independent variables, with statistical significance set at 0.05. To see if alcohol use differed by demographic characteristics, a one-way ANOVA was used. Completed surveys were cross-checked for

accuracy, and necessary adjustments were made. For the analysis, data was generated and confirmed in SPSS.

### **3.7 Ethical consideration and approval**

The Ghana Health Service Ethical Review Committee granted ethical clearance, and quantitative data was collected after the committee's approval. GHS-ERC 039/07/21) (Protocol ID NO: GHS-ERC 039/07/21). After presenting the research goal and objectives to the participants, they gave their informed consent. Participants were told that they could refuse to answer any question or withdraw from the study at any time without facing any consequences. In reality, the benefits, as well as the duration of the trial, were explicitly stated in the participant information sheet. Before being authorized to participate in the study, the volunteers were given detailed information on the study's requirements. Participants were urged to call the Ghana Health Service Ethical Review Committee for explanations on matters relevant to their rights in participating in the study, which were listed on the participant information sheet. Voluntary involvement, secrecy, refusal rights, procedural safety, and advantages were all addressed as ethical considerations in research.

Before being allowed to participate in the study, the young adults signed a consent form, while the teenagers (15-17 years old) signed an assent form. Persons who are bilingual in Twi, Ga, and English served as data gathering assistants. Names and personally identifiable information were not included in the questionnaire, ensuring confidentiality. In addition, participants were individually questioned. The investigator stored the completed questionnaires under lock and key. All data files were password-protected and only the investigator had access to them.

### **3.8 Pre-Testing**

The researcher pre-tested the questionnaire on five young people aged 15 to 24 years. This pre-test was conducted outside of the study community, at Dome. These young people were not

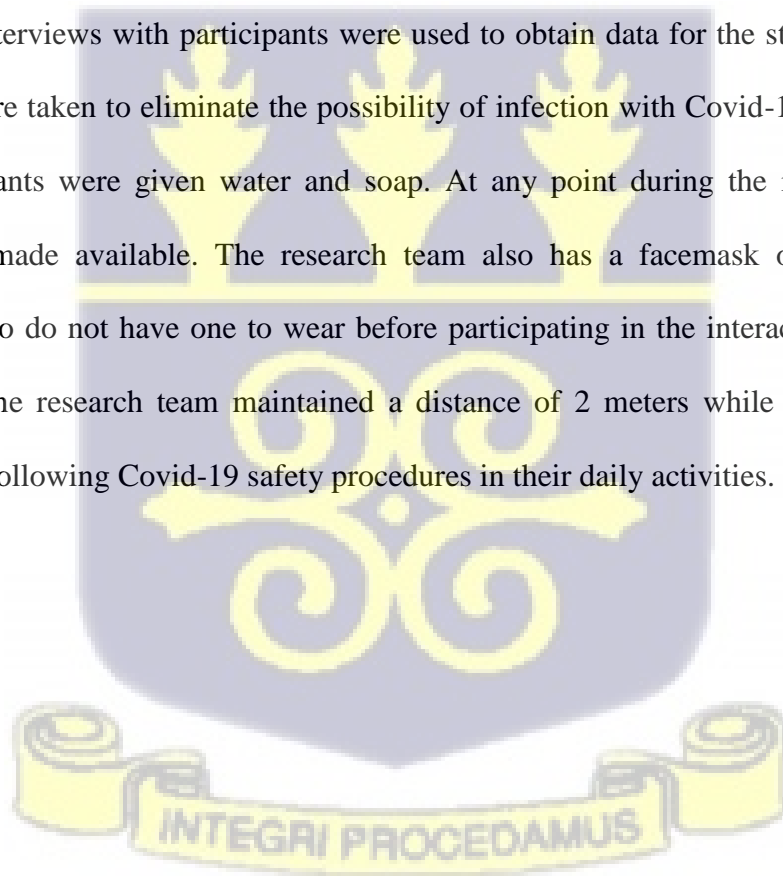
included in the main research. Pre-testing is used to see if questions are clear, unambiguous, and understandable to participants, or if they need to be altered.

### **3.9 Referencing and literature searching**

Mendeley has been used for all referencing, which followed the APA 6th edition format, although manual editing was done for publications that did not have a reference framework. Through the "science direct" and institutional repository, keywords like "alcohol intake, alcohol usage, alcohol consumption, and alcohol drinking" are utilized to obtain material from the UG catalogue. E-resources were utilized throughout the project.

### **3.10 Covid-19 safety measures**

Face-to-face interviews with participants were used to obtain data for the study. As a result, precautions were taken to eliminate the possibility of infection with Covid-19. To wash their hands, participants were given water and soap. At any point during the interaction, hand sanitizer was made available. The research team also has a facemask on hand for any participants who do not have one to wear before participating in the interaction. During the conversation, the research team maintained a distance of 2 meters while emphasizing the importance of following Covid-19 safety procedures in their daily activities.



## CHAPTER FOUR

### 4.0 RESULTS

The findings obtained from the analysis of field data are presented in this chapter. This was done in accordance with the objectives set out in this study. Preliminary analysis reveals that 386 respondents completed and returned the structured questionnaire out of the 391 questionnaires distributed. Thus, the response rate of 98.72% was achieved, which is very significant to the findings recorded.

#### 4.1 Alcohol Use and Socio-demographic Characteristics

Table 4.1 summarizes the demographic characteristics of the respondents in this study. Out of the 386 respondents, 208 were males and 170 were females with the remaining number failing to identify their sex. The age distribution ranges from 15 to 24 years as the study focused on only the youth. In terms of their religious background, majority (81.3%) of the respondents identified as Christians, 10.4% identified as Muslims and Traditionalist as well as other contemporary religions making 4% and 0.8% of the respondents respectively. With regards to marital status, most of the respondents are still single (71.2%), 17.6% being married and 8.5% widowed. Typical of this demographic characteristics, 45.1% of the respondents (the highest), are students with as much as 60.1% of them in either the senior high/technical school. About 24.4% of the demographic is engaged in trading as their main occupation. In terms of education, in addition, the participants have completed some sort of education, with 4.9 percent having completed primary school and 4.9 percent having completed postsecondary education. Table 4.1 shows a breakdown of their socio-demographic data. A detail of their socio-demographic information is shown in table 4.1.

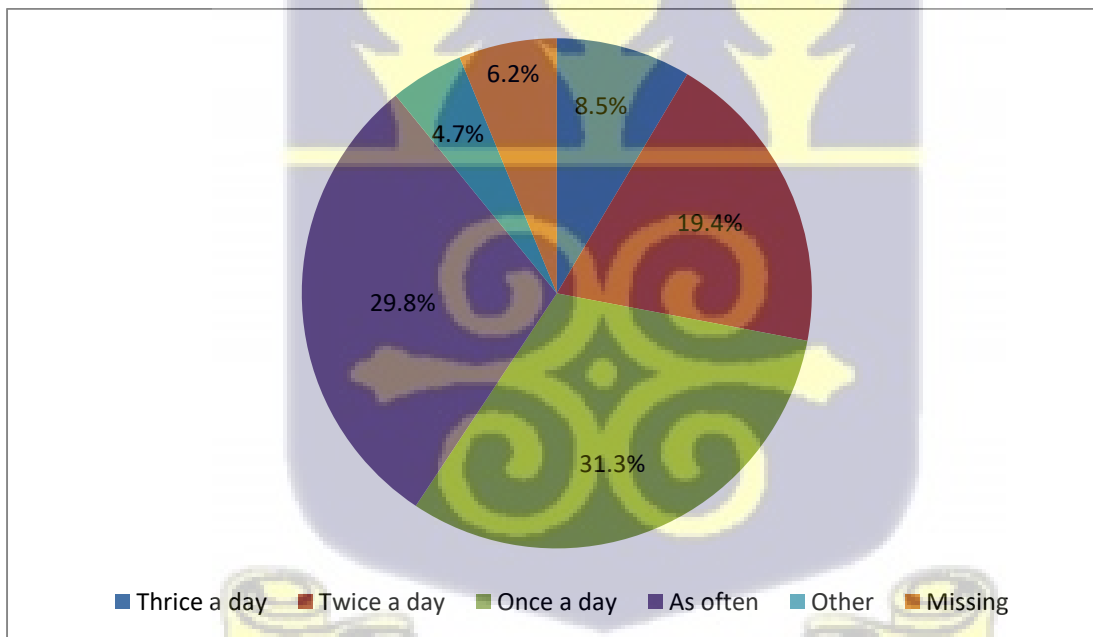
**Table 4.1: Alcohol Use and Socio-demographic Characteristics**

<i>Age of respondent</i>	<b>Frequency</b>	<b>Percent</b>
15- 19 years	156	40.4
20-35 years	230	59.6
Total	386	100.0
<b>Sex</b>		
Male	208	53.9
Female	170	44.0
Missing	8	2.1
Total	386	100.0
<b>Marital Status</b>		
Married	68	17.6
Single	275	71.2
Divorce	6	1.6
Widow	33	8.5
Missing	4	1.0
Total	386	100.0
<b>Religious denomination</b>		
Muslim	40	10.4
Christianity	314	81.3
Traditionalist	18	4.7
Other	3	.8
Missing	11	2.8
Total	386	100.0
<b>Occupation</b>		
Farming	24	6.2
Trading	94	24.4
Civil Servant	44	11.4
Student	174	45.1
Other	47	12.2
Missing	3	.8
Total	386	100.0
<b>Educational level</b>		
Primary	19	4.9
J.H.S/Middle School	85	22.0
S.H.S/Technical School	232	60.1
Tertiary	19	4.9

Missing	31	8.1
Total	386	100.0

**4.2 Objective 1: The goal of this study was to find out how much alcohol was consumed by Taifa's youths.**

The first research question sought to find out the prevalence of alcohol usage among the young in the Taifa community (in terms of frequency and quantity). The study used 2 indicators as follows; (1) the number of people who have taken alcoholic beverages at least once in their lifetime prior to the study, and (2) the amount of alcohol taken by youth a month prior to the study. The results are shown in figure 3 and Table 4.2. The study showed that all respondents have taken alcohol at least once in their lifetime prior to the study. In terms of frequency, about 121 respondents (31.3%) attest they take alcohol at least once a day.



**Figure 3: Level of alcohol use among the youth in Taifa**

Most respondents (about 115) representing a 29.8% indicated they consume alcohol as many times as many times, as they get in a day.

**Table 4.2: Prevalence of alcohol use among the youth in Taifa**

<i>Frequency of drinking</i>	<b>Frequency</b>	<b>Percent</b>
Thrice a day	33	8.5
Twice a day	75	19.4
Once a day	121	31.3
As often as I get	115	29.8
Other	18	4.7
Missing	24	6.2
Total	386	100.0

***Quantity of beer consumed a day/time***

More than 6 bottles	22	5.7
5 bottles	21	5.4
3-4 bottles	65	16.8
1 or 2 bottles	158	40.9
less than a bottle	101	26.2
Missing	19	5.0
Total	386	100.0

***Frequency of liquors and spirits intake***

Everyday	95	24.6
At least once a week	99	25.6
At least once a month but less than once a week	110	28.5
More than once a year but less than once a month	39	10.1
Missing	37	9.6
Total	386	100.0

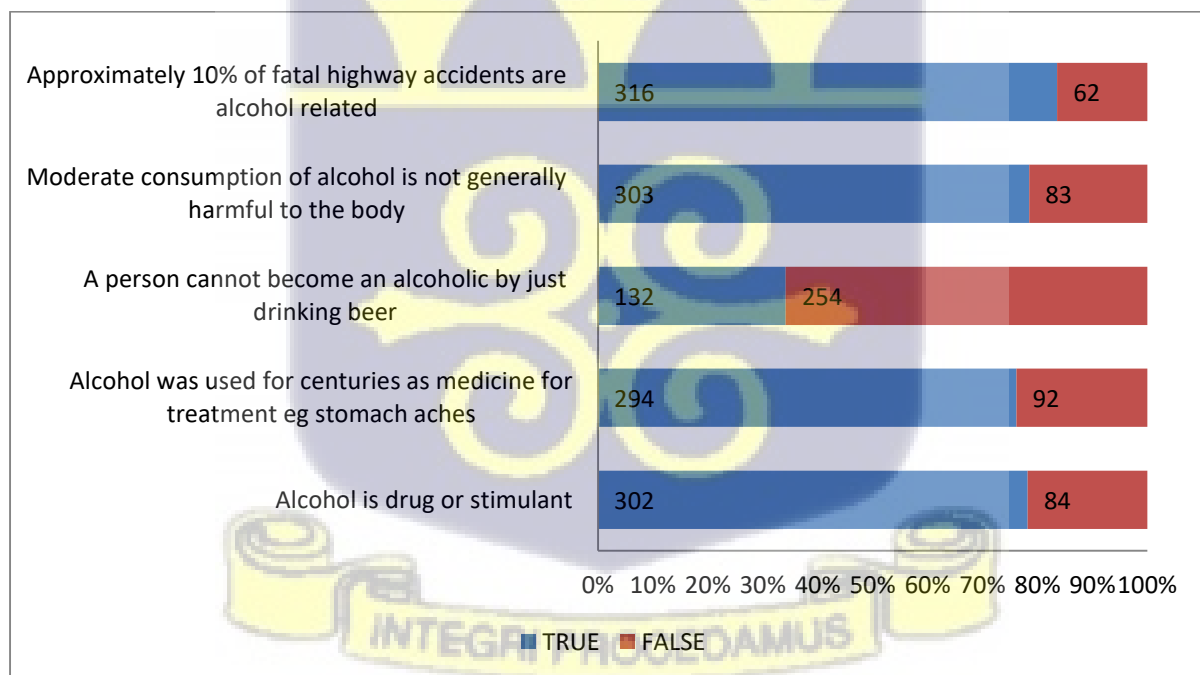
The result in Table 4.2 further indicate about 5.7% of the respondents can take more than 6 bottles of beer at a time, 5.4% consumes 5 bottles of beer at a time with the least being 26.2%

respondents who take less than a bottle of beer at a time. With regards to liquors and spirits, as many 24.6% of the respondents take liquors and liquids everyday whilst 10.1% take More than one a year but less than once a month.

As shown in Table 4.1, more males (53.9%) consume alcohol than females (44.0%). Respondents between 20 and 35 years old were the highest current alcohol consumers (59.6%) of which most were students (45.1%). Respondents who are single (71.2%) currently consume more alcohol than the married respondents (17.6%) do.

**4.3 Objective 2: To assess of the respondents’ knowledge on alcohol and identify the types of alcohol used among the youth in Taifa community**

Respondents had adequate knowledge on alcohol (Figure 4). Findings from this study reveal that the kind of alcoholic beverages that were reportedly taken by respondents were beer and spirits.



**Figure 4: Responses to knowledge on alcohol items**

To understand participants' knowledge on the use of alcohol, questions with dichotomous responses of TRUE/FALSE were asked. Majority of the participants (302) representing 78.2% said it is true that alcohol is a drug or stimulant while 21.8% responded that it is false. When asked whether alcohol has been used as a treatment for stomach problems for millennia, 294 (76.7 percent) indicated yes, while the remaining said no. When asked whether a person can become an alcoholic by simply drinking beer, 132 (34.2 percent) said yes and the rest said no. Figure 4 depicts the numbers in greater detail.



Tables 4.3 & 4.4 summarises the findings of the most common alcohol drinks on sale in the bars as well as the most common drinks that are available for the celebration of cultural festivities. The mean of the most common alcoholic drinks is 9.60 and standard deviation of 25.634.

**Table 4.3: Types of alcohol used by youth of Taifa**

<i>Common alcoholic beverages in Taifa</i>	<b>Frequency</b>	<b>Percent</b>
Pito	66	17.1
Spirit	145	37.6
Guinness	122	31.6
Other	21	5.4
Missing	32	8.3
Total	386	100.0
<i>Common alcoholic beverages used during cultural activities in the Taifa</i>		
Pito	55	14.2
Spirit	83	21.5
Beer	219	56.7
Other	11	2.8
Missing	18	4.7
Total	386	100.0
<i>Frequency of liquors and spirits intake in Taifa</i>		
Everyday	95	24.6
At least once a week	99	25.6
Less than a month	110	28.5
More than a year	39	10.1
Missing	43	11.2
Total	386	100.0

**Table 4.4: Statistics on the type of alcohol used by the youth of Taifa**

	Common alcoholic beverages in Taifa	Frequency of liquors and spirits intake in Taifa	Common alcoholic beverages used during cultural activities in the Taifa
Valid	354	368	343
Missing	32	18	43
Mean	9.60	11.69	5.55
Median	2.00	2.00	3.00
Std. Deviation	25.634	28.729	16.914
Variance	657.089	825.376	286.095

**4.4 Objective-3: To determine if respondent's alcohol use differ across their demographic characteristics.**

The frequency of alcohol intake and the frequency of liquor or spirits intake did not vary between the age groups, but the quantity of alcohol taken per sitting was higher for the 15-19 age group than the 20-35 age group (Table 4.5). Surprisingly, alcohol intake (frequency and quantity) was higher among females with a mean of 3.11 than males whose mean of frequency of alcohol use was 2.67. Across the religious divide, a mean alcohol use of 2.97 was recorded among Christians, the highest than Traditionalist being the least with a mean consumption of 2.38. Alcohol intake (quantity and frequency) was greater among students and lower among farmers. Similarly, alcohol intake was highest among those who had tertiary education compared to those who had primary or JHS education.

**Table 4.5: Comparison of demographic characteristics and alcohol use**

Description	N (386)	Frequency of alcohol intake (mean ± SE)	P-value	Quantity per sitting	P-value	Frequency of liquor or spirits intake	P-value
<b>Age</b>							
15-19	156	2.81 ± 0.082	0.336	4.05 ± 0.084	< 0.001	2.25 ± 0.082	0.465
20-35	230	2.91 ± 0.064		3.57 ± 0.075		2.32 ± 0.066	
<b>Gender</b>							
Male	212	2.67 ± 0.071	< 0.001	3.46 ± 0.081	< 0.001	2.27 ± 0.067	0.656
Female	174	3.11 ± 0.067		4.13 ± 0.071		2.32 ± 0.079	
<b>Marital status</b>							
Single	70	2.79 ± 0.135	0.415	3.57 ± 0.140	0.12	2.19 ± 0.123	0.335
Married	316	2.89 ± 0.054		3.80 ± 0.063		2.31 ± 0.057	
<b>Religion</b>							
Muslim	40	2.53 ± 0.160	< 0.001	3.28 ± 0.221	0.004	2.13 ± 0.165	0.007
Christian	314	2.97 ± 0.055		3.85 ± 0.059		2.36 ± 0.056	
Traditionalist	32	2.38 ± 0.166		3.50 ± 0.246		1.81 ± 0.176	
<b>Occupation</b>							
Farmer	25	2.16 ± 0.189	< 0.001	3.40 ± 0.231	< 0.001	1.52 ± 0.154	< 0.001
Trader	95	2.82 ± 0.114		3.18 ± 0.132		2.26 ± 0.109	
Civil servant	45	2.93 ± 0.140		3.71 ± 0.141		2.40 ± 0.157	

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Student	174	$3.11 \pm 0.062$		$4.24 \pm 0.064$		$2.49 \pm 0.070$	
Other	47	$2.40 \pm 0.154$		$3.43 \pm 0.160$		$1.91 \pm 0.142$	
<b>Educational level</b>							
Primary school	19	$2.37 \pm 0.256$	< 0.001	$3.26 \pm 0.304$	< 0.001	$1.74 \pm 0.200$	< 0.001
JHS/Middle school	85	$2.58 \pm 0.118$		$3.19 \pm 0.129$		$1.71 \pm 0.106$	
SHS/Technical	232	$2.97 \pm 0.061$		$3.97 \pm 0.064$		$2.45 \pm 0.060$	
Tertiary	49	$3.10 \pm 0.129$		$3.96 \pm 0.174$		$2.78 \pm 0.147$	



**4.5 Objective-4: To identify the factors that influences the use of alcohol among the youth in Taifa community.**

Examining the factors that determine alcohol consumption among Taifa youth indicated that all socio-demographic variables such as economic and lifestyle exposures shown in Table 4 were significantly associated with alcohol use among the Taifa youth. However, most of the results from the responses ascribed alcohol use to peer influence and the environment across all the age categories as shown in Table 4.6, thus  $\chi^2(1, 386, p=0.001) = 22.093a$ . The results show most of the respondents' drink for pleasure. What however drives this drink for pleasure are the occasional funerals and wedding parties that take place in the community. Table 4.6 shows 71.5% of the respondents agreed there are certain cultural values and norms that promote the drinking of alcohol in Taifa. About 42.5% points funeral as the most cultural activity at which they have access to all kinds of alcoholic drinks for consumption.

Festivals followed with 26.7 % and followed by weddings (15.0%). However, 14.3% of the respondents preferred not to answer. In addition, out of all the participants who divulged why they drink alcohol, 47.9% of them confirmed their parents do take alcohol, which probably influence their alcohol use whereas 44.6% of them indicate their parents do not take alcohol. With the interplay of all these factors, a record number of respondents (49.0%) stated they drink for pleasure, followed by 29.3% who drink to forget their problems, 7.8% who drink due to the influence of peer pressure and 2.1% who drink for other reasons. However, some respondents preferred not to divulge any information regarding why they drink (7.5%).

**Table 4.6: Age of respondent and Reasons for drinking alcohol Cross tabulation**

		Reasons for drinking alcohol						Total	
		Pleasure	To forget problems	Because my friend drink	To gain confidence	Other	Missing		
Age of respondent	Count	78	41	7	5	3	16	150	
	15- 19 years	Expected Count	74.6	44.6	11.8	8.3	3.2	7.5	150.0
	% within Age of respondent		52.0%	27.3%	4.7%	3.3%	2.0%	10.7%	100.0%
Age of respondent	Count	111	72	23	16	5	3	230	
	20-35 years	Expected Count	114.4	68.4	18.2	12.7	4.8	11.5	230.0
	% within Age of respondent		48.3%	31.3%	10.0%	7.0%	2.2%	1.3%	100.0%
Total	Count	189	113	30	21	8	19	380	
	Expected Count	189.0	113.0	30.0	21.0	8.0	19.0	380.0	
	% within Age of respondent		49.7%	29.7%	7.9%	5.5%	2.1%	5.0%	100.0%

\* Pearson Chi-Square=22.093a

\*\*p=.001

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 3.16.



**Table 4.7: Factors that influence alcoholic usage amongst Taifa's youth**

<i>Are there cultural activities/practices in Taifa that promote drinking of alcohol?</i>	<b>Frequency</b>	<b>Percent</b>
No	91	23.6
Yes	276	71.5
Missing	19	5.0
Total	386	100.0
<b><i>Kinds of cultural activities/practices in Taifa that promote drinking of alcohol</i></b>		
Funeral	164	42.5
Wedding	58	15.0
Festival	103	26.7
Other(naming ceremonies)	6	1.6
Non response	55	14.3
Total	386	100.0
<b><i>Alcohol consumption status of parents</i></b>		
Parents consume alcohol	185	47.9
Parents do not consume alcohol	172	44.6
Missing	29	7.5
Total	386	100.0
<b><i>Reasons for drinking alcohol</i></b>		
Pleasure	189	49.0
To forget problems	113	29.3
Because my friend drinks	30	7.8
To gain confidence	21	5.4
Other(to experience the taste)	8	2.1
Missing	25	6.5
Total	386	100.0

**4.6 Objective 5: To identify the impacts of alcohol use on the youth in Taifa community**

The majority of respondents (43.3 percent) reported losing their employment as a result of drinking alcohol, according to the survey, which looked into the impact of alcohol usage on respondents. About 16.3% of the respondents disclosed health problems, 15.5% reporting that

accidents result from the intake of alcohol and 1.8% undecided about any effect of alcohol use assessed. The summary of findings is contained in Table 4.8.

When asked if respondents agreed that about 10% of accidents are due to the consumption of alcohol by road users, 81.9% were in agreement with that. This indicates that respondents are fully aware of the negative effects of alcohol intake on their health as well as their ability to carry out everyday tasks. Positively, however, there was an indication of on-going public health education on the effect of alcohol intake as many respondents (77.5%) confirmed to have received some form of public health education regarding alcohol and health. The most common means of this education was through the media as 42.7% of the respondents confirmed to have received their education via this medium, followed by health talk (32.6%), and about 2.3% through other means.



**Table 4.8: Opinion on the impacts of alcohol use on consumers**

<i>Alcohol is responsible for 10% of all traffic accidents.</i>	<b>Frequency</b>	<b>Percent</b>
Yes	316	81.9
No	56	14.5
Missing	8	2.1
<b>Total</b>	<b>386</b>	<b>100.0</b>
<i>Other impacts of alcohol use</i>		
Job loss	167	43.3
Health Issues	63	16.3
Low Work Productivity	54	14.0
Divorce	27	7.0
Accidents	60	15.5
Other	7	1.8
Missing	8	2.1
<b>Total</b>	<b>386</b>	<b>100.0</b>
<i>Education on the effect of alcohol</i>		
Yes	299	77.5
No	69	17.9
Missing	18	4.7
<b>Total</b>	<b>386</b>	<b>100.0</b>
<i>Source of public health education on effect of alcohol</i>		
Media	165	42.7
Health Institutions	59	15.3
Health talk	126	32.6
Other	9	2.3
Missing	27	6.9
<b>Total</b>	<b>386</b>	<b>100.0</b>

This chapter presented the results of the study. About 53. % of the participants' were males and the rest were females. Most (71.2%) were single with majority being Christians and 10% Muslims. Most of the respondents who abused alcohol were between ages 20-24years, females, in junior or senior high school and Christians (81.3%).

A lot of them take alcohol on daily basis and the most common alcohol being beer and the spirits. Activities promoting alcohol use included cultural activities like funerals, festivals, weddings etc. and most attest to taking it for pleasure purposes.

The youth however agree intake of alcohol had detrimental effects on them.



## CHAPTER FIVE

### 5.0 DISCUSSION

This section describes the findings of a study which major goal was to discover the factors that contribute to the use of alcohol by youth in Taifa populations.

#### 5.1 Alcohol Use and Socio-Demographic Characteristics

The findings from the study provided both supporting and contrasting evidences with previous literature. It was found that frequency of alcohol intake was similar between the age groups as the study reported of at least twice per day among all the age groups. However, the quantity of alcohol intake was higher among the younger youth- (15-19 years) than the older youth (20-35). This is conflicting to previous studies (Peltzer et al. 2016; Swahn et al., 2013; Doku et al., 2012), which indicated there was no discernible link between respondents' age and their alcohol consumption. The present study agrees with Chaiyasong *et al.* (2018) who reported higher alcohol consumption among younger age groups compared to older age groups. According to Chaiyasong *et al.* (2018), Demaio *et al.* (2013) and Lincoln (2016) men had higher percentages of high-frequency drinking than women; however, women in the present study had higher mean frequency of alcohol consumption and quantity per sitting than men. The findings also indicated more drinkers (frequency and quantity) among women and younger age groups suggests an increased chance of intoxication-related hazards like injury, violence, and car accidents (Chaiyasong *et al.*, 2018). Increased availability of alcohol, social and peer pressure, corporate targeting and weak policy infrastructures may explain the higher alcohol intake among women and younger age groups. Gender roles in our part of the world such as brewing pito, retail of pito and akpeteshie as well as serving alcohol during social occasions possibly bring them closer to alcohol and when these factors acting together may enhance alcohol intake among females than males. Kuntsche *et al.* (2006) has hypothesized that modernization and women's status in society are closely linked to heavy drinking, especially

among women. This observation together with the higher mean alcohol intake among females in Taifa community is important for informing alcohol policy. It was also reported that men consumed more alcohol than women among the youth in Tokorni-Hohoe, according to a previous study in Ghana's Volta region. (Osei-Bonsu et al., 2017).

There was significant difference with respect to religion, occupation and educational level (Table 4.). This assertion seconds that of Frimpong-Mansoh (2013) who reported that Traditional African religious practitioners were found to be 50% more likely than Protestants to be current alcoholics 36.1%. The authors' claim might be the fact that almost activities perform by the traditionalists requires the involvement of alcohol.

More so, the fact that mean alcohol intake was higher among students than farmers may be related to peer pressure, poor parental monitoring or control and familial alcohol problems. For example, majority of those who were consumers of alcohol indicated that their parents were drinkers too. This claim is backed up by a study by Yawson et al. (2015), who found that parents' attitudes and behaviour toward alcohol have a significant impact on their children; thus, children of heavy drinking parents via initiation/modeling and children of strictly prohibitive parents via direct contravention of authority typically have a higher risk of abusing alcohol.

The data also showed that having alcoholic acquaintances increases the chance of young individuals consuming excessive amounts of alcohol. In a study of risky and preventive variables for current alcoholic use throughout Afro - Caribbean teens, Vidourek and King (2010) found that this claim is correct. Thus these authors found youth who engaged in risky behaviours and had friends who use alcohol and other drugs to have a positive response to recent alcohol use. Another study looked at substance abuse and risky sexual behaviours

among Ghanaian youth drunkenness and reported of a direct association of alcohol usage with sexual debut and having one or multiple sexual partners as friends (Doku, 2012).

Further, a study also agreed with this current study by indicating that taking alcohol to have fun with friends, become more excited, and fit into particular peer groups were among the most popular reasons for substantial drinkers and the youth to consume alcohol. (McCarthy-Boham, 2015). On the other hand a study by Homenu et al contradicts the opinion of this current study participants by revealing an overall alcohol quit consumption prevalence of 58% adolescents in the central region to be associated with peer influence, elderly influence, and medicinal purposes, (Hormenu et al., 2018).

### **5.2 Level of alcohol use among the youth in Taifa community**

The study showed that all respondents have taken alcohol before with about 31.3% attesting they take alcohol at least once a day. This indicated that the data was gathered from participants who are habitual drinkers. The assertion is in line with several studies which reported that due to social motives, enhancement, coping, and conformity majority of the youth had been indulging into alcohol usage (Asante & Nefale, 2021; Onyeaka & Asante, 2021; Osei-Bonsu, 2017; Owusu-akyem, 2016). In other words, the claim pensive social incentives that include; consuming to have time with friends, while enhancement encompasses drinking to "get high" and for excitement to be the most common motives for alcohol usage among binge drinkers and youths in most of the continents.

Further study by (McCarthy-Boham, 2015) supported this current findings by indicating that Some people drink to cope with terrible life experiences; nevertheless, this group of people tends to drink heavily, and some people drink for conformity reasons, which means they drink to integrate into specific circles of friends. Similarly, this finding supports that of Nimako

(2012) and another, Boschloo, Reeuwijk, Schoevers, and Penninx, (2014) who reported alcohol consumption among the youth.

On more serious notes, this current study reported that the current intake of alcohol by respondents is pegged at 29.8% as they still take alcohol as many times as they get in a day. The assertion is supported by (Frimpong-Mansoh, 2013) study which argued that this high demand in alcohol consumption among the youth is as a result of activities of the mass media;- both the electronic and the print.

Furthermore, about more than 37.3% of the participants confirms of drinking 1 to 6 bottles of alcohol at a sitting. This report indicated that the respondents have a higher attitude toward alcohol consumption. The assertion opposed study which indicated that, alcohol abstention rates are low in high-income countries, but higher in North Africa, the Middle East, and South Asia, regions where Islamic religion dominate the major practice (Bill & Foundation, 2018). This high abstention in these countries could be due to restrictive policies and religious prohibition of alcohol consumption among the general population (Burazeri & Kark, 2010). On the other hands study by Braatz, (2016) supports this current findings by indicating that the Dietary Guidelines for Americans see moderate alcohol consumption as a practice of not more than one drink daily for a woman and two daily drinks for a man. The guideline in addition indicated heavy alcohol intake as drinking more than two drinks per day among men and a woman drinking more than once daily.

In addition to the above the findings indicated that the rate at which most of the respondents indicated they consumed alcohol in the Taifa communities is about 5.7% of them have been taking more than 6 bottles of beer at a time. This situation is not different from study by Aboagye et al. (2021) who reported that when you drink more than four or three drinks in a

row, your blood alcohol level rises up to 0.08% or higher and it poisons and endangered a lot of vital organs in the body.

Again, many 24.6% of the respondents take more than one tot of spirit in a day. This confirm that about a quarter of the respondents have been consuming spirit and this situation is in line with World Health Organisation (2014) report which testified that on global status of alcohol consumption, most African countries consumed foreign alcohol compared to their locally brewed types which is completely opposite to Ghana where locally made alcohol is highly preferred (57%) to the most popular drinks that include; beer (30%) and wine (10%), with spirits including pusher, striker, and K20. Similarly, the increased availability of free alcoholic beverages at social functions and the development of aggressive radio and television advertisements in local languages may influence the frequency of alcohol consumption among Taifa's youth. As a result, advertising was found to be experimentally related with alcohol use, adding to the findings provided by Osei-Bonsu (2017) and McCarthy-Boham (2015) research.

### **5.3 knowledge on Types of alcohol used by youth of Taifa**

Findings from this study revealed that the kind of alcoholic beverages that were reportedly taken by 65% respondents includes beer. This claim is backed up by a study by (Nwagu et al., 2017), which found that while most countries have rules governing the manufacturing, sale, and use of alcoholic drinks, local beer is one of the alcoholic beverages available in Ghana. Specifically, according to the WHO (2011) data, adult consumption of alcoholic beverages in Ghana is 66 percent beer, despite the presence of various other locally produced alcoholic beverages. Furthermore, this finding holds true for a survey conducted by Tanski et al, (2010), which found that 42 percent of 269 young (aged 16-20 years) in the United States said beer was their favourite alcoholic beverage. Factory beer is primarily consumed by urban inhabitants, according to Tumwesigye and Kasirye (2004), and brand switching is affected by factors such as price, friends, previous experience, and advertising. On contrary, Awimba,

(2018) reported that other alcoholic beverages such as, wines; pito, gins, schnapps and whiskies are reportedly the most common alcoholic beverages in Ghana; a situation which might be as a result of kinds of study participants or the sitting of the study.

McCarthy-Boham (2015) findings are also congruent with the present study that beer is commonly consumed in Ghana than other drinks. A report by WHO (2014) on global status on alcohol and Boateng &Yaw (2016) had contrary evidence to the current study, indicating that traditionally made alcohol are popular in low income countries especially among sub-Saharan Africans than factory made alcoholic beverages.

Again Ashitey (2019) reported that domestically grown drinks also including akpeteshie (distilled sugar or palm spirit) as well as palm wine are commonly marketed in underdeveloped areas and are still the most popular alcoholic drinks among citizens in Ghana. She added that there are easily accessible because of their affordability. However, growth of the market has led to development of modern agro-processing, leading in an upsurge of branded local spirits that promote both their native source and standards of quality. That this author's version is supported by the findings of this current study as majority 56% of the participants testified the local gin (spirit) is among most of the alcoholic beverages they have been consuming.

Additionally, study indicated that, in Kenya, family history, peer pressure, economic background, and alcohol accessibility, cultural beliefs, advertisement were found to be among factors that had projected locally fermented alcoholic products from palm wine (Mph, et al., 2017). This assertion however is in line with the commonest alcohol used by the respondents as 45% testified they have been using palm wine mostly. The claim of this current study is however supported by Adeyiga et al., (2014) who stated that in Ghana; locally prepared spirits are of higher demands than foreign ones.

Majority of the participants (302) representing 78.2% said it is true that alcohol is a drug or stimulant. The claim in addition reported that alcohol is the most often abused among young people in the US, according to surveys by (Esser et al., 2017). This is also agreed to the fact that alcohol usage is ruining among many individuals, particularly the youth, and the Paramount Chief of Sandema has encouraged authorities to impose large taxes on alcoholic beverages, particularly Akpeteshie, to make them expensive and prevent people from abusing them (Anyinzaam-Adolipore and Alhassan, 2020). Meanwhile, policies such as high tax on alcohol, regulating alcohol-selling bars, health education, and etcetera had failed to reduce alcohol intake among the youth partly due to on it harmful effect (Roche et al., 2015). Furthermore, according to the 2019 National Survey on Drug Use and Health (NSDUH), 85.6 percent of persons aged 18 and older reported drinking alcohol at some point in their lives owing to its medical properties, which include stimulant.

The findings from this present study portrayed that majority 76.7% respondents said body aches have been among some reasons they have been indulging in alcohol consumption. This claim is backed up by research that show alcohol is a psychoactive substance or drug that is found in alcoholic beverages as the active element. Proteins, micronutrients, some minerals, phenolics (anti - oxidants), ethanol, dietary fibers, and even prebiotic substances, according to the authors, are among the non-essential and essential elements found in it (Snopek et al., 2018). The study further indicated that at moderate consumption level, alcohol can provide various advantages to human health including; lowering the risk of chronic kidney diseases. According to the scientists, beer lowers the risk of kidney stones by 41% and strengthens bones due to its high silicon content. It also increases bone strength and prevents you from heart disease. The antioxidants in red wine have been found to lower hypertension patients, lessen the blood cholesterol levels, and have a favorable effect on various human organs.

Similarly, Oh et al (2018) report supported this current study findings by indicating that that alcohol intake have health benefits such as reductions in myocardial infarction, protection from cold, reduce type 2 diabetes, stroke and better perception of health. According to the authors, beer lowers the risk of chronic diseases by 41%, strengthens bones due to its high silicon content, increases bone density, and protects you from heart attacks. The phytochemicals in red wine have been found to lower blood pressure and heart rate patients, as well as lessen the risk of cardiovascular disease and have a favorable impact on particular human systems.

The data also found that just over a quarter of the sample group (34.2 percent) believed that a person cannot become an alcoholic simply by drinking beer. This claim is backed up by a WHO (2011) study that found that, despite the fact that alcohol is a powerful and widely used as stimulant and central nervous depressant worldwide, consumers are not considered alcoholics when they consume quantities that do not fully accurately measure the minimum alcohol content of 0.7 percent in Southeast Asia, 1.1 percent in the American continent, 1.4 percent in the Southern Ocean, and 1.4 percent in Europe.

#### **5.4 Factors influencing alcohol consumption among Taifa's youth**

Most of the respondents indicated that they drink for pleasure. What however drives this drink for pleasure are the occasional funerals and wedding parties that take place in the community. In addition, the alcohol intake status of the parents has had an influence on respondents' alcohol use, a confirmation of the findings of Latendresse, (2010). With the interplay of all these factors, a record number of respondents (49.0%) stated that they drink for pleasure, followed by 29.3% who drink to forget their problems, 7.8% who drink due to the influence of peer pressure and 2.1% who drink for other reasons.

The availability of alcoholic beverages in the community during social ceremonies such as wedding and funerals may be partly driving alcoholic intake among the youth (Lobnibe, 2016; Osei-Bonsu, 2017). It is not surprising that most communities where alcohol is widely consumed have alcohol sale points. Awimba (2018) suggested that greater alcohol outlet density may be contributing to alcohol intake among the youth. More specifically, the rising demand has resulted in the improvement of modern agro-processing of local alcohol, leading in a rise in the accessibility of labelled local spirits that flaunt both their local origin and industry best practices (Ashitey, 2019).

Another environmental factor identified by this current study as a cause of a determinate of alcohol abused by the youth of Taifa is peer pressure According to Lobnibe, (2016). Study the desire to be fitted into the cycle of friends that teenagers keep frequently determines the habits they pick. Peer pressure was therefore significantly associated with alcohol intake status which supports Owusu-akyem (2016) study in Agogo, Ghana. According to the author's findings, youths are more vulnerable to peer pressure, and they must consume alcohol in order to be accepted among their peers who do. Among the Dominican, Olayinka & Ozoekwe (2016) discovered that consumption of alcohol was greatest among those aged 16 to 20, with 66.67 percent being males (73.91 percent), citing peer pressure, social activities, inquisitive, and adult involvement as explanations.

According to Awimba (2018), 38% of participants use alcohol to forget about their troubles; this is consistent with the findings of this study, as rubbing alcohol used as a means of relieving by those who confront difficulties. More specifically, a study by Tampah-Naah and Amoah (2015) found that people use drugs to manage social stressors because to the multiple societal stressors. According to the authors, in order to cope with stress, one must boost hunger, socializing, and sexual performance, all of which are aided by moderate alcohol consumption.

### **5.5 Impact of alcohol use on the youth in Taifa community**

Investigating the consequences of alcohol usage of the respondents, the study found that close to half (43.3%) of the respondents reported loss of jobs as an effect of taking alcohol. This assertion supported findings from studies conducted by Collins and Kirouac (2013) which reported that even though, alcohol consumption has served as the core of most funeral celebrations in our communities, religious and spiritual ceremonies as well as social celebrations; it accounts for about 54% unemployment rate globally. Thus, moderate alcohol consumption for many is casual, social, celebratory and pleasurable as such low doses is believed to cause euphoria and increases sociability and heavy and binge alcohol consumption had contributed to internal damage of the brain parts that leads to functional impairment on daily activities.

Again this current study reported of about 16.3% respondents who disclosed health problems as alcoholic associated illness. This contention however agrees with study by (Onyeaka & Asante, 2021) who argued that alcohol use had been a major public health concern among youths world-wide because of its deleterious effects on physical and mental health. Similarly, According to Snopek et al. (2018), based on the amount of alcohol consumed, it can be both a therapeutic and a toxin. As a result, alcohol is a harmful drug or drug that is present in alcoholic drinks as the active element. Alcohol contains protein, B - complex, certain mineral, polyphenolic compounds (anti - oxidants), ethanol, carbohydrates, and even prebiotic compounds; as a result, alcohol plays an important part in physical, intellectual, and social functions, but it can also harm an abuser's overall health. Excessive alcohol use leads to cancer, toxic organ damage, and accidents and injuries, all of which contribute to global mortality (Stein et al., 2016). This allegation is supported by the findings of a recent survey, which revealed that 15.5 percent of respondents believe that drinking alcohol causes accidents, with 1.8 percent uncertain regarding any influence of consumption of alcohol.

## CHAPTER SIX

### 6.0 SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter presents an overview of the research as well as a synopsis of the important findings, conclusion, and suggestions.

#### 6.1 Summary

The project is to determine the influential factors of alcohol usage among the youth in Taifa communities. It employs field-based descriptive cross-sectional study. It sampled 391 youth within the age group of 15-24 years. The study population was estimated with Yamane (1967)'s population and sample size estimation formula. The dependent variable was alcohol use among the youth in Taifa while the independent variables include the socio-demographic characteristics, poor parental control, and peer pressure, age in relation to exploration, peer models, low religiosity, risky sexual behaviors and self-esteem. A two-multi stage sampling procedure was used to recruit study participants. The ethical approval was approved by the "Ghana Health Service Ethical Review Committee (Protocol ID NO: GHS-ERC 039/07/21)". The participants consent to participate after they were told data gathered from them is confidential and appropriate measures to Covid-19 infection were adhered to strictly. The data collected were processed using the SPSS software version 20.0 from which tables, frequencies, and percentages were generated.

Participants' personal information revealed  $19.5 \pm 0.5$  as an average age. There is no significant difference in gender, as men constitute 53.9% of the entire study population. However, the majority 81.3% of the respondents are single with the least educational level of pre-tertiary. The major affiliated religion is Christianity, 45.1%, and the majority of them are currently in the learning field.

It was also noticed that the prevalence of alcoholic beverages use per day among the youth in Taifa community is high, with about 31.3% of the respondents attesting that they take alcohol

at least once a day. The study also found that age and the reasons for alcohol consumption are statistically significantly related ( $\chi^2=22.093$  and p-value, 0.001).

Again, the alcohol intake status of the parents of respondents has an influence on respondents' alcohol use. Of the studied respondents, majority (47.9%) of their parents used alcohol. Certain cultural norms and values are fertile grounds for the promotion and abuse of alcohol use. The study found that funeral is the commonest place that promotes alcohol use. The alcoholic usage was generally connected to cultural events which are characterized with alcoholic functions. More than one-quarter 29.3% of the respondents indicated that they drink because the belief of overcoming their problems in life. However, this number is lower than the 49.0% who drink for pleasure.

Worthy of note is that the respondents in this study demonstrated adequate level of knowledge of the long-term effect associated with alcohol use, particularly in relation to health. The study found that majority of the respondents reported loss of jobs (43.3%), 16.3% of the respondents disclosed health problems, 15.5% reporting that accidents result from the intake of alcohol and 1.8% undecided about any effect of alcohol use assessed.

The findings finally revealed beer as the most popular alcoholic beverage in the Taifa population, followed by spirits and liquors.

## **6.2 Conclusion**

It was established that Taifa youths are influenced to drink alcohol by their social group mates. Inadequate knowledge about the dangers of drinking is one of the key drivers of the growth in alcohol consumption among young people in Taifa communities. The study also found that cultural norms and beliefs play a significant role in young people's alcohol consumption. Misconceptions and views regarding alcohol's possible benefits have an impact on its use among Taifa's youth.

The study also found that increased alcohol consumption among youths is linked to the fact that its negative effects on their health take time to manifest.

Taifa's youths have taken advantage of lack of laws regarding the usage of alcoholic beverage and abuse it.

### 6.3 Recommendations

- I. The National Commission for Civic Education, in partnership with the Ghana Health Service and religious organisations in Taifa, should ramp up public awareness efforts about the dangers of alcohol usage.
- II. Raising awareness of adverse health outcomes of alcohol use in households, particularly among parents and siblings, is necessary, as they are important factors that influence substance use.
- III. Development of public health education programs in schools to educate children about the dangers of alcohol consumption.
- IV. Developing public health education programmes or peer education programmes to educate the youth on how peer pressure influences alcohol consumption through simulated experiences, could also be an effective way to foster awareness of the adverse effects of alcohol use and could help encourage adolescents to avoid and reduce alcohol use.
- V. Explore effective methods of delivering peer learning programmes in order to reduce alcohol among the youth.
- VI. The Ghana Health Service and the Ministry of Health should engage with international organizations such as the World Health Organization to perform a study on the impact of rampant alcoholic beverage joints on youth consumption in Ghana.

#### 6.4 Limitations

The study was limited in a number of ways. First, the study design is limited because it only provides a snapshot of analysis and hence the results could change if a different time frame is chosen. There is also a recall bias because respondents had to recall their alcohol consumption frequency. Additionally, some respondents were quite hesitant on providing the right information on their alcohol consumption despite the assurance that their responses will not be used to judge them.



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**APPENDIX A: CONSENT FORM**

**STUDY TITLE: FACTORS INFLUENCING ALCOHOL USE AMONG THE YOUTH  
IN TAIFA COMMUNITY**

**PARTICIPANTS' STATEMENT**

I declare that I had understood the information or had the purpose and contents of the Participants' Information Sheet given to me, and that all of my questions have been adequately answered in a language I understand (English/Twi/Ga). I am fully aware of the contents and any potential consequences, as well as my right to change my mind (i.e. withdraw from the study) after signing this form.

I voluntarily agree to be part of this research.

NAME OF PARTICIPANT.....

PARTICIPANTS' SIGNATURE .....

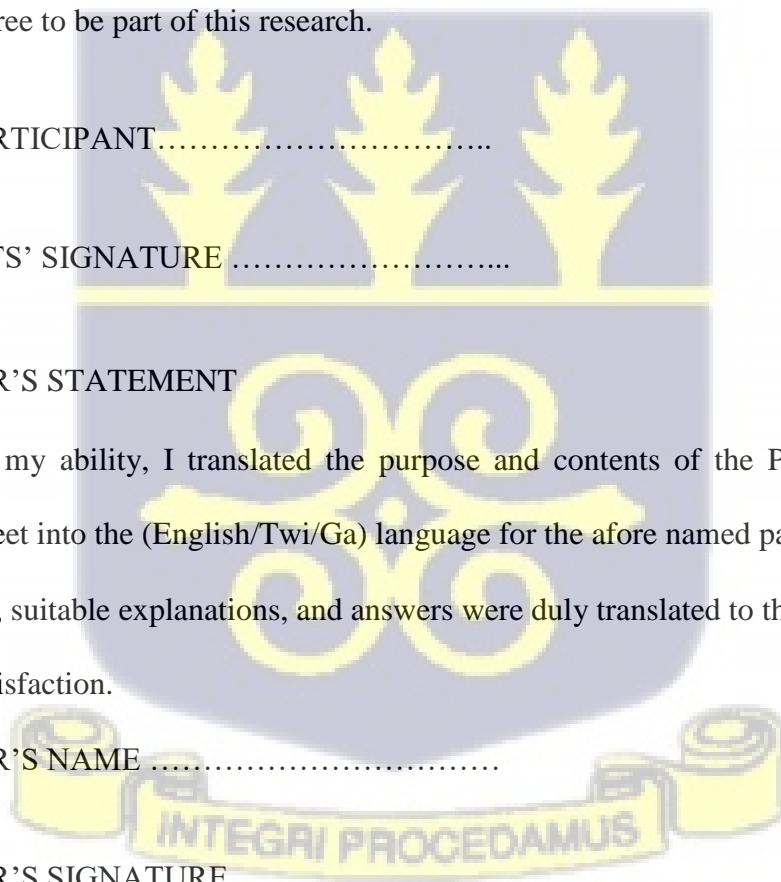
**INTERPRETER'S STATEMENT**

To the best of my ability, I translated the purpose and contents of the Participants' Information Sheet into the (English/Twi/Ga) language for the afore named participant.

Every concerns, suitable explanations, and answers were duly translated to the participant's satisfaction.

INTERPRETER'S NAME .....

INTERPRETER'S SIGNATURE.....



**WITNESS'S STATEMENT**

I was there when the purpose and contents of the Participant Information Sheet were read and communicated to the participant properly in the language that he or she understood (English, Twi, or Ga language).

I acknowledge that he/she was given the chance to ask questions or seek clarifications, and that such questions/clarifications were promptly answered to his/her satisfaction prior to freely choosing to participate in the study.

PARTICIPANT:.....

SIGNATURE..... /AUTHENTICATE .....

DATE:.....

**STATEMENT OF THE INVESTIGATOR**

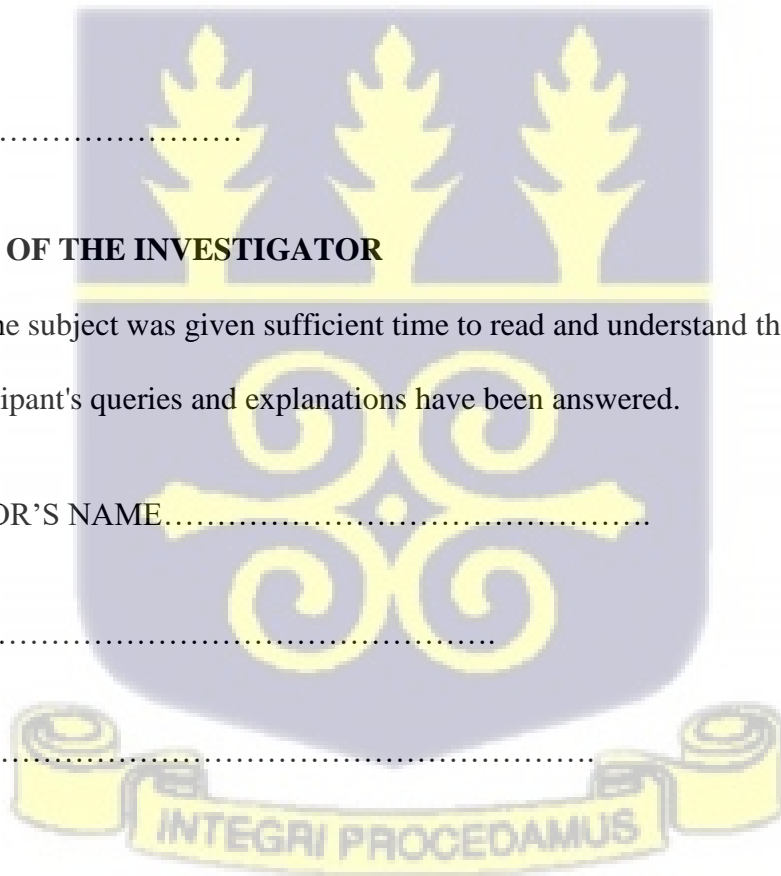
I confirm that the subject was given sufficient time to read and understand the study.

All of the participant's queries and explanations have been answered.

INVESTIGATOR'S NAME.....

SIGN .....

DATE.....



**APPENDIX B: PARTICIPANT'S QUESTIONNAIRE**

Mrs. Lamuo Ophelia is pursuing a master's degree in applied health social science at the University of Ghana. I'm conducting research on factors influencing alcohol intake among youngsters in the Taifa community as part of my master's degree in applied health social science program. It will take about 15 minutes for you to finish and answer the questionnaire.

Please tick (✓) or indicate (T) for True and (F) for False for each question.

**Section A: Biographic Data**

**1. What is your age range?**

- a) 15– 19 years { }
- b) 20 – 24 years { }

**2. What is your gender?**

- a) Male { }
- b) female { }

**3. What is your marital state?**

- a) Married { }
- b) Single { }
- c) Divorce { }
- d) Widow { }

**4. What is your region?**

- a) Muslim { }
- b) Christian { }
- c) Traditionalist { }
- d) Additional (specify) .....

**5. What work do you do?**

- a) Farming { }
- b) Trading { }
- c) Government employee { }
- d) Student { }
- e) Other s (specify).....

**6. What is your current school level?**

- (a) Primary school { }
- (b) JHS/Middle school { }
- (c) Technical/SHS { }
- (d) Tertiary { }
- (e) Other (specify).....

**Section B: Knowledge of the Youth on Alcohol**

**7. What is the definition of alcohol?**

- a) Consumption of food { }

- b) Stimulant/drug { }
- c) Water { }
- d) Additional (specify).....
- 8. Alcohol has been used as a medicine for ages,**
  - a) True { }
  - b) False { }
- 9. It is impossible to become an alcoholic only by drinking beer.**
  - a) True { }
  - b) False { }
- 10. Moderate alcohol use is generally not damaging to the body**
  - a) True { }
  - b) False { }
- 11. What kind of alcoholic beverages do you consume?**
  - a) Pit { }
  - b) Alcohol { }
  - c) Brandy { }
  - d) Dry Gin { }
  - e) Alomo { }
  - f) Guinness { }
  - g) Beer { }
  - h) Other (describe) .....

**Section C: Section “C” Frequency, predisposing factors of alcoholism and types of alcoholic beverages consumed**

- 12. How frequently do you consume alcohol?**
  - a) Three times each day { }
  - b) At least twice a day { }
  - c) At least once a day { }
  - d) I get on a regular basis { }
  - e) Others (specify) .....
- 13. How often do you consume alcoholic beverages such as beer, and how much do you consume on an average at any given time?**
  - a) 6 bottles or more { }
  - b) 5 bottles or less { }
  - c) three to four bottles { }
  - d) one or two bottles { }
  - e) fewer than one bottle { }
- 14. How often do you drink alcoholic beverages?**
  - a) On a daily basis { }
  - b) at least once a week { }
  - c) once a month { }
  - d) at least once a year { }
- 15. What types of alcoholic beverages are popular in this neighborhood?**
  - a) Pito { }
  - b) Spirits { }
  - c) Beer { }

- d) Additional (specify).....
- 16. What are your reasons for consuming alcoholic beverages?**
- a) As a source of enjoyment { }
  - b) Forgetting about issues { }
  - c) My pals are alcoholics { }
  - d) To boost one's self-esteem { }
  - e) Other (e) (specify) .....
- 17. When did you first begin drinking?**
- a) Through friends/peers { }
  - b) As a result of my parents { }
  - c) As a result of events { }
  - d) Others (specify) .....
- 18. Is there a societal value, norms, or activity that encourages youth to drink?**
- a) No { }
  - b) Yes { }
- 19. If so, what are some of these drinking-promoting activities?**
- a) Funeral { }
  - b) Wedding { }
  - c) Festival { }
  - d) Other (specify) .....
- 20. What drinks do individuals drink at such events?**
- a) Beer { }
  - b) Spirit { }
  - c) Pito Others (specify) .....
- 21. Is your parent a drinker?**
- a) Yes { }
  - b) No { }

**Section D: The Effect of Alcohol Abuse Section**

- 22. Have you ever had any alcohol-related education?**
- a) Yes { }
  - b) No { }
- 23. If you answered yes to question 18, where did you get your information?**
- a) The media { }
  - b) Health Care Facilities { }
  - c) Health-related topics { }
  - d) Additional (specify) .....
- 24. Here are some of the side effects of consuming alcohol?**
- a) Loss of employment { }
  - b) Health issue { }
  - c) Workplace productivity { }
  - d) Divorce { }
  - e) Mishaps { }
  - f) Other details) .....
- 25. About 10% of fatal traffic accidents are caused by drinking.**
- a) True { }
  - b) False { }
  - c) { }

**THANK YOU FOR YOUR COOPERATION**

## APPENDIX C: ETHICAL CLEARANCE

### GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

*In case of reply the number and date of this Letter should be quoted.*



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Ghana Health Service  
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23<sup>rd</sup> August, 2021

My Ref. GHS/RDD/ERC/Admt/APP | 21 | 345  
Your Ref. No.

Ophelia Daanaah Lamun  
University of Ghana, School of Public Health  
Box LG 13, Legon – Greater Accra

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	GHS-ERC 039/07/21
Project Title	Factors Influencing Alcohol use among the Youth in Taifa Community.
Approval Date	23 <sup>rd</sup> August, 2021
Expiry Date	22 <sup>nd</sup> August, 2022
GHS-ERC Decision	Approved

**This approval requires the following from the Principal Investigator**

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report after completion of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.
- Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....  
Dr. James Akazili  
(Head, Ethics & Research Management Department)

c: The Director, Research & Development Division, Ghana Health Service, Accra

INTEGRI PROCEDAMUS