

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

**CONSUMPTION OF ALCOHOLIC BEVERAGES MIXED WITH
APHRODISIACS IN THE OKAIKOI SUB-METROPOLIS**



**A DISSERTATION SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH,
COLLEGE OF HEALTH SCIENCE, UNIVERSITY OF GHANA, LEGON IN
PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF
MASTER OF PUBLIC HEALTH DEGREE.**

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DECLARATION

I do hereby declare that except for ideas and references to other people's work which have been duly acknowledged, this dissertation is the result of my own original research done under the supervision of my academic supervisor, Dr. Philip Adongo. This work has neither in part nor whole been presented for any award.

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ACADEMIC SUPERVISOR



.....
DATE

DEDICATION

I dedicate this work to my husband Ben and children Graceline, Gracia and Bernard Jnr, my parents and siblings for their encouragement and support.



ACKNOWLEDGEMENTS

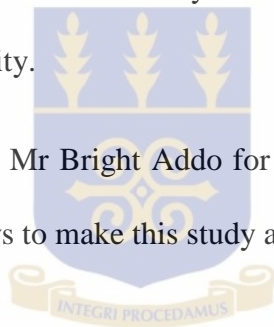
I thank the almighty God for his unfailing sustenance which gave me the wisdom, knowledge and strength to carry out this study.

My profound gratitude goes to Dr. Philip Adongo, my academic supervisor for encouraging and guiding me to carry out this study.

I am grateful to the chiefs of Bubuashie, Christian Village and the regent of Abeka communities in the Okaikoi sub metropolis.

I thank the staff of Okaikoi Sub metro Health Directorate for their support and I am also grateful to the participants of the three study areas without whose responses this study would not have become a reality.

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ABSTRACT

The society in which we live in defines masculinity in terms of fertility and sexual capability, thus maintaining sexual potency has always been a major concern for both men and women especially young men. Alcoholic beverages mixed with aphrodisiacs are usually advertised in a seductive manner such that consumers believe they would have value for their money and therefore will indulge in excessive consumption which may consequently result in many untoward outcomes including chronic diseases and death. The study explored the level of consumption of alcoholic beverages mixed with aphrodisiacs, the perception of its use and the benefits derived from consumption. This was a descriptive study which employed both qualitative and quantitative methods in collecting data. Structured questionnaires were used to collect the quantitative data and a focus group discussion guide used to collect the qualitative data. The qualitative data was built into themes, categorised and discussed. SPSS version 16 was used to analyse the quantitative data. Findings from the study indicated that the level of consumption of alcoholic beverages mixed with aphrodisiac was 63.9% and that the reasons for consumption were mostly for pleasure, increased appetite and sexual enhancement. The perceived benefits participants derived were increased sexual functioning and increased appetite. The study found out that a mixture of the local gin and herbs or with other brands of alcohol gives it aphrodisiac properties. The real content is usually unknown to consumers and since excessive consumption of alcohol leads to many untoward results, one of the study's main recommendations was that education on the health implications of the use of alcohol mixed with aphrodisiacs should be provided through the mass media.

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LIST OF ABBREVIATIONS

CHPS	Community-based Health Planning Services
CSIR	Centre for Scientific and Industrial Research
FDA	Food and Drug Administration-United States of America
FDB	Food and Drug Board-Ghana
FGD	Focus Group Discussion
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
GSS	Ghana Statistical Service
IRB	Institutional Review Board
SMDHS	Sub metro Director of Health Services
SMHMT	Sub metro Health Management Team

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The Shorter Oxford English Dictionary (2007) and the Freedictionary.com define aphrodisiacs as any substance that increases sexual desire. The name aphrodisiac comes from Aphrodite, the Greek goddess of sexuality and love and it has been used throughout history in an attempt to increase libido (Shah, 2002).

Many foods, drinks and behaviors have had a reputation for making sex more attainable and or pleasurable. History and science have indicated that the alleged results may have been mainly due to mere belief by their users that they would be effective (i.e., the placebo effect). However western medical science also has no evidence that any particular food increases sexual desire or performance (FDA, 2010).

The few studies and anecdotal information available indicate that aphrodisiacs do not work and that their perceived benefits are psychological. Modern medical science and opinion have tended to dismiss aphrodisiacs saying no such substance can exist (Taberner, 1985).

Alcohol is one of the substances perceived to enhance sexual responsiveness partly because alcohol lowers sexual inhibition and allows desire to emerge. Advertisements on radio and television showing seductive scenes associated with alcohol consumption and cultural myths have reputed alcohol to be aphrodisiac (Roy Medical Hall, 2006).

Alcohol is the name given to a variety of related compounds; the drinkable form is ethanol or ethyl alcohol. It is a powerful, addictive, central nervous system depressant

which when consumed in large quantities, has been known to cause significant health problems (WHO, 2002).

Alcohol abuse is a high risk factor for death and disability in most countries including Ghana and its risks include accidents, liver cirrhosis, hypertension, psychological illnesses and congenital malformation. Its consumption aggravates social problems such as criminal behavior, injuries, violence, and suicide (GSS, GHS & Macro Int., 2009).

According to Amidu et. al., (2010), women who consume alcoholic beverages in connection with sexual activities usually have sexual dysfunction and thus consume alcohol to reduce anxiety which ultimately leads to an increased risk of sexual dysfunction. Most people use varied remedies such as consumption of other aphrodisiacs which are usually formulated in alcoholic base. The patronage of these substances is on the ascendancy and persistent consumption can lead to many consequences including chronic alcoholism and sexual dysfunction.

Despite the public health implications of the consumption of alcoholic beverages mixed with aphrodisiacs, there is lack of consistent information available in the country on alcohol consumption (GSS, GHS & Macro Int., 2009).

Alcoholic beverages are usually mixed with aphrodisiacs and consumed for a variety of reasons thus this study seeks to identify the level of use, perceptions and the benefits derived from the consumption of alcoholic beverages mixed with aphrodisiacs.

1.2 Statement of the Problem

According to the Foods and Drugs Board (FDB), the use of sex enhancing drugs is the cause of most deaths resulting from cardiac arrest due to the toxic chemicals in the various brands of aphrodisiacs and advises people with erectile dysfunction to seek medical attention (The Spectator, 2008).

Since we live in a culture that emphasises masculinity and defines it in terms of sexual prowess and fertility, aphrodisiacs are sought after because people believe in their potency. However these aphrodisiacs are usually mixed with alcoholic beverages in that non alcoholic consumers in their quest to have solutions to their sexual problems also consume such products and may become alcoholics as a result of the addictive nature of alcohol.

According to an official at the FDB, the advertisements on the indications of alcoholic beverages mixed with aphrodisiacs are claims since such products have not been registered by the institution because testing for the presence of the supposed components is very expensive and extensive (Personal communication).

In spite of the safety concerns raised by the FDB on the use of unlicensed sex enhancing products their patronage is on the ascendancy (The Spectator, 2008).

Lack of consistent information available in the country on alcohol consumption and abuse raised series of questions which were included in the 2008 GDHS. Respondents were asked whether they drink alcoholic beverages or not and the frequency of consumption if they do (GSS, GHS, Macro Int., 2009).

The study sought to determine the level of use of alcoholic beverages mixed with aphrodisiacs, the perceived benefits derived and the reasons for the consumption.

1.3 Justification

Since the use of aphrodisiacs is detrimental to the human body and these aphrodisiacs are usually mixed with alcohol, the persistent use of alcohol comes with detrimental physical and social effects (GSS, GHS, Macro Int., 2009).

The few studies done are on human sexuality and erectile dysfunction and as such the study is to bring to fore the public health implications of the use of alcoholic beverages mixed with aphrodisiacs and to encourage people to seek medical care for problems related to unsatisfactory sexual performance and infertility.

It also aimed to identify gaps in knowledge on consumption of alcoholic beverages claimed to be mixed with aphrodisiacs so that issues regarding regulatory policies and intervention would be addressed.

1.4 Research Questions

1. What are the perceptions of people on consumption of alcoholic beverages mixed with aphrodisiacs?
2. What is the proportion of people who consume alcoholic beverages mixed with aphrodisiacs?
3. What are the benefits derived from the consumption of alcoholic beverages mixed with aphrodisiacs?

1.5 General Objective

To assess the consumption of alcoholic beverages mixed with aphrodisiacs.

1.6 Specific Objectives

1. To understand the perceptions of people about the consumption of alcoholic beverages mixed with aphrodisiacs.
2. To determine the level of use of alcoholic beverage mixed with aphrodisiacs.
3. To assess the benefit of the consumption of alcoholic beverage mixed with aphrodisiacs.

CHAPTER TWO

2.0 LITERATURE REVIEW

Studies on alcohol and aphrodisiacs including the health implications will be reviewed under the following subheadings:

1. Sexual dysfunction and use of aphrodisiacs.
2. Substances that are used to enhance sexual prowess.
3. The effect of the consumption of alcoholic beverages and aphrodisiacs.

2.1 Sexual dysfunction and use of aphrodisiacs

Sexual dysfunction is the inability to experience arousal or achieve sexual satisfaction under ordinary circumstances as a result of psychological or physiological problems (Freedictionary. com -25-1-10).

Male impotence or erectile dysfunction is a common medical condition that affects the sexual life of millions of men worldwide (Montorsi et al., 2003). According to Porst (2004), sexual dysfunction is a serious medical and social problem occurring in 10-52% of males and 25-63% in females. Sexual health and function are important determinants of quality of life and thus to overcome problems of sexuality various aphrodisiacs are sought (Sumalatha et al., 2010).

While 38.1% of sexual problems expressed by women were anxiety and inhibition during sexual activity, 16.3% reported on lack of pleasure and 15.4% reported difficulty in achieving orgasm. However about 68.6% reported overall satisfactory sexual relationship and this was attributed to age and relationship status. Older women and singles also had increased sexual problems (Rosen et al., 1993).

People with poor mental and physical health are more likely to experience sexual dysfunction and it is also associated with people who have experienced negative sexual relationships (Lauman et al., 1999). A study on sexual dysfunction in Ghanaians showed that about 70% of Ghanaian women have sexual dysfunction and that alcohol consumption was said to be the main risk factor (Amidu et al., 2010).

In another study on prevalence of sexual dysfunction Amidu et al., (2010), indicated that about 66% of Ghanaian men have sexual dysfunction with prevalent problems being infrequency, premature ejaculation and impotence. Age was said to be a risk factor for sexual dysfunction.

A study in rural Ghana on prevalence of self-reported infertility and level of knowledge of causes of infertility showed a prevalence of infertility among women to be 11.8% and 15.8% among men. Awareness of factors affecting infertility was limited and most of the respondents could not identify reproductive tract infections as causes of infertility (Geelhoed et al., 2002).

In India, about a dozen chemists shops surveyed showed that herbal aphrodisiacs were in high demand with more men using herbal aphrodisiacs which come in various forms of pills, massage oils and sprays. It is said that people do not mind spending a fortune to enhance their sex life. Though there is no scientific evidence on the effect of herbal products to enhance sex life, men resort to herbal medicines rather than consult a physician (Jones, 2010).

2.2 Substances that are used to enhance sexual prowess

Man's search for remedies to erectile dysfunction or sexual enhancement has been an obsession throughout history. Poems from Hindu civilization are the earliest recordings of mankind's eternal search for substances that can enhance sexual performance. One of these poems describes treatments with high nutritive values, perfumes and spices (Shah, 2002).

From time immemorial, people have sought substances that could increase a person's sexual prowess. Some of these are oysters, ginseng root, animal testicles and turtle eggs. Although there is no evidence of their effectiveness, people still believe that they work (Roy Medical Hall, 2006).

According to Rich (2008), substances that would increase sexual desire and prowess and increase the intensity of the sensations felt during intercourse and orgasm are the true aphrodisiacs. Ambien, a major constituent of *Ambra grisea* which is found in the gut of whales was used by Arabs in treating a wide range of ailments including headaches, rheumatism and improvement of sexual performance (Taha et al., 1998).

The skin and glands of the bufa toad contains bufotenine, a kind of serotonin. There is no known mechanism regarding its aphrodisiac properties, but it is however believed to have central stimulatory actions due to its hallucinogenic properties (Sandroni, 2001).

The Spanish fly is a beetle which contains about 5% cantharidin. When taken orally cantharides induce vascular congestion and inflammation and thus may lead to sexual arousal. However side effects include renal toxicity and gastrointestinal haemorrhages (Sandroni, 2001). Studies by Jang et al., (2008), indicated that the red ginseng is the type

of ginseng reported to have aphrodisiac effects, however there is no known effective dose and the reported side effects are usually mild gastrointestinal discomfort.

Lepidium meyenii (Maca) is an Andean cultivated root very rich in amino acids, iodine, iron and magnesium. They are used for their perceived aphrodisiac and fertility enhancing properties (Rowland & Tai, 2003). However studies by Balick and Lee (2002), indicate that Maca's aphrodisiac properties are mainly due to its nutritional properties being rich in essential amino acids and minerals.

Marijuana, a derivative of cannabis is also considered an aphrodisiac. However, studies show that cannabis and its derivatives inhibit libido and sexual functioning (Gratzke et al., 2009). Marijuana, LSD (lysergic acid diethylamide), heroin, morphine cocaine and amphetamines which have been claimed to enhance sexual desire and performance reduce social inhibitions and act as sexual facilitators. These drugs are addictive with many serious consequences (Roy Medical Hall, 2006).

According to FDA (2010), some substances claimed to be aphrodisiacs in relation to the law of similarity are the rhinoceros horn which looks like an erect penis while oysters look like the vagina. Both substances have a reputation of increasing sexual desire and virility. The horn contains calcium and phosphorous which when added to a diet deficient in these minerals could improve general health and possibly enhance sexual desire, whereas oysters on the other hand contain zinc, a mineral essential for the production of spermatozoa.

Asparagus is also considered an aphrodisiac in some cultures due to its similarity to the penis. It is rich in vitamin E which stimulates the production of testosterone, a hormone which controls libido in men and women. Deficiency in testosterone can lead to

decreased sex drive. Though eating asparagus contributes to the overall sexual health, eating it would not cause an immediate rise in testosterone (Michelle, 2010).

Corynanthe yohimbe is made from the bark of the tropical West African yohimbe tree. Yohimbine preparations may increase genital blood flow, sexual sensitivity and excitement in some people (Kovalev et al., 2000 and Adeniyi et al., 2007). Though some studies done on the effect of yohimbine on animals' sexual activity were “encouraging”, animal studies cannot be relied on to show the effectiveness of the drug in humans and the psychological complications are also absent in animals. It supposedly works by stimulating the nerve centers in the spine that controls erection (FDA, 2010).

Medical practitioners usually offer strychnine, yohimbine or testosterone to patients but benefits are weighed against the risk involved in giving out prescriptions. The vitamins, minerals, enzymes and amino acids contents in these food substances play a role in human sexuality. In essence most of the foods eaten today are over processed that very little is left of the vitamins and minerals required to maintain the human body in a healthy balance. It is a fact of life that not all aphrodisiac and potency drugs will work all the time on everybody as this is equally true of any medicines prescribed by a physician (Stark, 1980).

Alcohol, the most commonly used recreational drug, has been associated with sexuality for a long time. It is a central nervous system depressant that acts by increasing the levels of the inhibitory neurotransmitter, gamma amino butyric acid. Several studies also confirm the potential harmful effects chronic alcohol drinking has on male and female sexual functions, probably through its effect on cardiovascular functions (Schiavi, 1990).

The propaganda on alcohol and cultural myths among students indicate that alcohol will pave the way for sexual encounters to occur. The myths also promise that sexual experience will exceed normal performance levels. The fact is that alcohol being a central nervous system depressant inhibits sexual response including the capacity for erection and orgasm (Roy Medical Hall, 2006).

2.3 The effects of consumption of alcoholic beverages mixed with aphrodisiacs

The consumption of alcoholic beverages in general comes with many physiological and psychosocial consequences, just as the use of aphrodisiacs.

2.3.1 The health implications of the use of aphrodisiacs

Aphrodisiacs which are not scientifically proven to be effective have many untoward effects on the human body. The Spanish fly (cantharides) for instance produces an itching, burning sensation that causes priapism. Consequently, the permanent side-effects include genital damage and death. Ecstasy which is related to amphetamines and the hallucinogen mescaline has been shown to have potentially toxic effects on serotonin, a neurotransmitter involved in the regulation of mood, sleep, learning and constriction of blood vessels. It causes among other problems, abnormal re-growth of the nerves that produce it. (<http://www.netasia.net/users/truehealth/aphrodisiachtm-16-12-2010>).

There is a weaker but possible relationship between alcohol consumption and increased risk of cancer of liver and breast (Longnecker, 1994). Amyl nitrate which is inhaled to enhance sexual drive causes fainting, headaches and dizziness. Its usage among homosexual males makes them susceptible to HIV/AIDS (Roy Medical Hall, 2006).

2.3.2 Physical effects of alcohol abuse

Alcohol dependence is a major cause of mortality and is associated with psychiatric conditions, neurologic impairment, cardiovascular disease, liver disease, and malignant neoplasms. Excessive consumption of alcohol puts the individual at risk of hypertension, cancers of the respiratory and digestive systems, breast and ovaries. The individual is at risk of injuries as a result of diminished coordination and balance, increased reaction time and impaired perception and judgment (Cargiulo, 2007; Friedman, 1998 and English et al., 1995).

Alcohol is reputed to have a protective effect when women drink below 40g of pure ethanol per day. However an 8g fold increases the risk for drinking above these limits (Ridolfo & Stevenson, 2001). Studies on meta-analysis on cancer and alcohol use confirm that high levels of alcohol consumption, that is more than four drinks per day result in cancer development at several sites (Corrao et al., 1999).

Foetal development is adversely affected by consumption of alcoholic beverages during pregnancy. Some of these consequences include spontaneous abortions, low birth weight, foetal damage and intrauterine growth retardation (Abel, 1997).

An increased risk of injury in many settings including road traffic accidents, falls, self-inflicted injuries or interpersonal violence are related to alcohol consumption (Martin & Bachman, 1997). The presence of alcohol in the body at the time of injury may be associated with greater severity of injury and less positive outcome (Fuller, 1995).

2.3.3 Psychosocial effects of alcohol abuse

The psychological effects associated with alcohol consumption are quite enormous. Some of these include major depression, schizophrenia, generalized anxiety disorders, personality disorders, drug use disorder and suicidal tendencies (Cargiulo, 2007).

Graham and Schmidt (1999) identified an association between a greater quantity of alcohol consumption and symptoms of depression. A higher prevalence of alcohol use disorders has also been established among patients on treatment for depression (Alpert et al., 1999).

The consumption of alcohol is associated with many negative consequences for both the drinker's partner as well as the children. Parental drinking is correlated to child abuse and impacts on a child's psychosocial and economic environments (Gmel & Rehm, 2003).

Studies in Zurich, Switzerland that investigated domestic violence found out that there was evidence of alcohol involvement in 40% of the situations (Maffi & Zumbrunn, 2003). People close to persons with alcoholism and the society in general also suffer just as much as the consumers. Some of the social and economic problems could be absenteeism at work, accidents, lower productivity and consequently unemployment (Klingermann & Gmel, 2001).

Children who later consume alcohol usually had parents who drank daily. The transmission of alcohol consumption across the generation showed gender specific heterogeneity (Schmidt & Tauchmann, 2010) and alcohol problems exert enormous toll on the lives and communities of many nations especially in the developing world (WHO, 2004).

Since all kinds of substances both harmful and non harmful are perceived and used as aphrodisiacs and the excessive consumption of alcoholic beverages also comes with many side effects including physical and psychosocial effects, the issue then is to bring out the reasons, perceived benefits and the level of use of alcohol and aphrodisiacs so as to address the public health implications of consumption of alcoholic beverages mixed with aphrodisiacs.

CHAPTER THREE

3.0 METHODS

3.1 Type of Study

This is a descriptive cross-sectional study in which both qualitative and quantitative methods were used to determine the consumption of alcoholic beverages mixed with aphrodisiacs.

3.2 Study Location

The study was conducted in the Okaikoi sub metropolis which is one of the six administrative sub metropolises in the Accra Metropolitan Area. It is an urban community situated on the western part of Accra covering an area of 24km² with a few slums and a population of 374,271 as provided by the 2010 census. The area is bounded on the north by Ga West district, on the south by Osu Klottey sub metropolis, on the east by Ayawaso sub metropolis and on the west by Ablekuma sub metropolis. It is divided into five zones: Abeka, Achimota, Akweteyman, Kaneshie and Tesano with populations of 112,281, 78,597, 22,456, 123,510 and 37,427 respectively.

Health facilities in the sub-metropolis

The Okaikoi sub metropolis has two government health facilities namely the Achimota Hospital and the Kaneshie Polyclinic. Additionally, there are 47 satellite clinics, 13 private clinics, and 4 quasi clinics, 2 mission clinics, 5 maternity homes and a Community-based Health Planning and Services (CHPS) compound located in Apenkwa.

Social Activities

The people of Okaikoi sub-metro are mainly Gas and their main festival is ‘Homowo’ which signifies the end of hunger. This is in connection with the time when the Gas migrated from Nigeria to their present location. It is said that, they experienced severe hunger whilst on their journey and so when they finally settled at their present destination they planted corn and had a bumper harvest. They then celebrated to signify the end of hunger and it was out of jubilation that the name ‘Homowo’ which literally means “hunger should sleep” was created. The period of the festival is from the last Saturday in July to the first Tuesday in September and it is celebrated by the various Ga clans at different times of the period. It is usually preceded by the Twin festival which comes off on the Friday before the ‘Homowo’ festival.

Christianity and Islam form the dominant religions in the area, but there are some traditionalists, Buddhists, Hindus and Hare Krishnas in the community as well.

There are also a number of social centres in the sub-metropolis notably drinking bars which are highly patronised at all times especially in the evenings.

Economic Activities

Most of the inhabitants are either civil or public servants, self employed, traders and a few farmers and fishermen. The farmers have their farms outside the district because there are no farmlands in the district. The fishermen also go to sea in neighbouring fishing communities outside the district. The fishing days are all days of the week except on Tuesdays.

Landmarks

The Kaneshie Market Complex is the main market for the sub metro and its surrounding communities. The North Industrial area harbours several factories in the area. The Ga Mantse's Palace is the official residence of the chief of the Ga traditional area and the office of the community tribunal. The Achimota and Accra Academy schools which are the two premier second cycle institutions in Accra can also be found in the metropolis.

3.3 Variables

Dependent variable

Consumption of alcoholic beverages mixed with aphrodisiacs.

Independent variables

1. Knowledge about the content of aphrodisiac in the alcohol.
2. Reasons for consumption of alcoholic beverages mixed with aphrodisiacs.
3. The benefits derived from the consumption of alcoholic beverages mixed with aphrodisiacs.
4. The side effect experienced from the consumption of alcoholic beverage mixed with aphrodisiacs.

Table 3.1 Operationalisation and coding of the study variables

Variable	Operational Definition	Level of Measurement	Codes	
Consumption of alcoholic beverages mixed with aphrodisiacs	Whether respondent consumes alcoholic beverages mixed with aphrodisiacs	Nominal	Yes No	1 2
Knowledge about the content of aphrodisiac in the alcohol	What respondent know have being mixed with the alcoholic beverage to make it an aphrodisiac	Nominal		
Reasons for consumption of alcoholic beverages mixed with aphrodisiacs	Why respondent consume alcoholic beverages mixed with aphrodisiacs	Nominal	For pleasure To enhance sexual function To stimulate appetite for food Peer influence	1 2 3 4
The benefit derived from the consumption of alcoholic beverages mixed with aphrodisiacs	What benefits are derived from the consumption of alcoholic beverage mixed with aphrodisiacs	Nominal	Increased appetite Increased sexual functioning Increased energy level	1 2 3
The effect of the consumption of alcoholic beverage mixed with aphrodisiacs	What are the side effects following the consumption of alcoholic beverages mixed with aphrodisiacs	Nominal	No effect Headache Decreased sexual functioning Stomach upset Other, please specify.....	1 2 3 4 5

3.4 Study Population

The study included males and females aged 18 years to 61years. It comprised of people who consume alcoholic beverages mixed with aphrodisiacs and those who do not consume alcoholic beverages mixed with aphrodisiacs.

3.5 Sampling

3.5.1 Sampling Method

The names of the five zones in the sub metro were written on pieces of paper. These were shuffled and three zones randomly selected. The selected zones were Kaneshie, Achimota and Abeka. One community was then randomly selected from all the communities in each of the three zones. These were Bubiashie from Kaneshie, Christian Village from Achimota and Abeka proper from Abeka.

Quota sampling was also used to determine the number of participants for each community. One hundred and thirty participants were selected from Bubiashie since Kaneshie has the highest population in the sub metro and one hundred participants were selected from each of the other two communities making a total of 330 participants. Convenience sampling was then used to select participants for the study because many people declined participation in the study during the pretesting.

Two sessions of focus group discussion comprising eight conveniently chosen male participants were conducted at Bubuashie and Christian Village. Although the study comprises males and females, males were selected because the females declined to participate.

3.5.2 Sample size

According to GSS, GHS & Macro Int. (2009), the least prevalence of alcohol use in the Greater Accra Region was 26.2% and the sample size for this study was determined based on this.

The minimum sample size was calculated as shown using the formula: $n = [Z^2pq]/d^2$

where n is the sample size, $Z = 1.96$ at the confidence level of 95%, p is the estimated proportion of alcohol consumers = 0.262, q is the proportion of non consumers = (1-p=0.738) and d is the margin of error at 5%.

Thus $n = [(1.96)^2 \times 0.262 \times 0.738] / 0.05^2 = 297.12$

This figure was rounded up to 300 and to offset possible effects of non-response rate, 10% of the sample size was added. The total sample size was 330.

3.6 Data collection tools and techniques

3.6.1 Tools for Data collection

Structured questionnaires were used to collect the quantitative data for the study through face to face interview. The questions asked included socio-demographic data such as sex, age, marital status, number of children, religion, level of education and occupation. There were questions on the type of alcoholic beverages mixed with aphrodisiacs consumed, level of use, experience of difficulty in maintaining erection, perception and benefits derived from the consumption of alcoholic beverages mixed with aphrodisiacs.

The questionnaire was developed by the principal investigator using the variables as a guide and with the approval of the academic supervisor. A focus group discussion guide was used to conduct the focus group discussion. The themes bordered on the perception,

benefits and the side effects derived from the consumption of alcoholic beverages mixed with aphrodisiacs.

3.6.2. Data collection techniques

Two field assistants were trained on the nature of the study, confidentiality, voluntary participation and how to collect the quantitative data for the study. The focus group discussion was facilitated by a trained field assistant and notes were taken by the principal investigator and another trained field assistant.

Two focus group discussions consisting of eight participants aged between 23 years to 40 years per group in each session were organised at Bubiashie and Christian Village. The focus group discussion guide was used to elicit information on alcoholic beverages mixed with aphrodisiacs after informed consent has been sought. Notes were taken during the discussion and recordings made with a tape-recorder for validation.

3.7 Quality Control

The questionnaire was reviewed by the academic supervisor. Two field assistants were recruited and adequately trained to collect the quantitative data. Two others were also trained to assist with the focus group discussion. One facilitated the FGD and the other together with the principal investigator took notes during the discussions. The recordings were transcribed and reconciled with the written notes soon after the discussion to ensure nothing was lost to memory.

3.8 Data Processing and Analysis

The questionnaires were coded, cross checked and entered into the computer using SPSS version 16. Data cleaning was done and frequencies of responses generated. The results from the analysis were presented as frequency tables and charts. To determine associations between some socio demographic characteristics and consumption of alcoholic beverages mixed with aphrodisiac, cross tabulations and Pearson's chi square were used. Thus at a significant level of 5%, all p-values less than 0.05 were considered significant.

Notes taken during the FGDs were validated by replaying the tape recordings made during the sessions. The responses were coded and categorised into themes and discussed. The qualitative and quantitative information obtained were compared with the reviewed literature and discussions were made based on the specific objectives.

3.9 Ethical Consideration

Ethical clearance was sought from the Ghana Health Service and the Institutional Review Board. Permission was obtained from the Sub-Metro Health Management Team and the traditional authorities of the three communities. As the consumption of alcohol beverages mixed with aphrodisiacs is usually considered private and confidential, anonymity was assured by coding the questionnaires.

Informed consent in writing was sought from the participants in the survey and the focus group discussions. It included the purpose of the study, possible risk and discomfort, possible benefits, privacy, confidentiality and voluntary participation. Participants who

gave consent and later decided to withdraw were allowed to do so without hindrance or offence.

The people who were directly involved in the study were those who had access to the data. The questionnaire, tape recorders, notes pad and softcopies of the data were securely kept by the principal investigator. The risk to individuals was minimal. Input made by participants was highly appreciated but no compensation was given.

3.10 Pre-test

This was done to ensure the questions were clear, without ambiguity and to capture other information which may be required. The data collection tools were pretested at Darkuman in the Ablekuma sub-metropolis due to its similarity to Okaikoi sub-metropolis. It was also done to ensure validity of data.

CHAPTER FOUR

4.0 RESULTS

This chapter presents the analysis of the data obtained from the study.

The structure of the findings is in relation to the research objectives and is presented under the following headings.

- Socio-demographic characteristics of respondents.
- Level of use of alcoholic beverages mixed with aphrodisiacs
- Perception about the consumption of alcoholic beverages mixed with aphrodisiacs.
- Benefits derived from the consumption of alcoholic beverages mixed with aphrodisiacs.

4.1 Socio-demographic characteristics of respondents.

The 330 respondents constituting 246(74.5%) males and 84(25.5%) females were all aged from 18 to 61 years. Forty-eight point two percent (48.2%) were in the age group 25-34 years, 36.6% were married, 51.8% had basic education, 49.4% were self employed and majority (76.2%) of the respondents were Christians. The socio- demographic characteristics of the respondents is as shown in Table 4.1.

Table 4.1 Background characteristics of Respondents

Variable	Number	Percentage
Age (years)		
15-24	57	17.3
25-34	159	48.2
35-44	83	25.2
45-54	26	7.9
55 and above	5	1.5
Mean = 33 , Mode = 28		
Sex		
Male	246	74.5
Female	84	25.5
Marital status		
Married	121	36.6
Single	118	35.7
Divorced/Widowed/Separated	40	12
Living together	51	15.5
Educational level attained		
No education	60	18.2
Basic	171	51.8
Senior High School	40	12.1
Technical/Vocational/Commercial	43	13
Tertiary	16	4.8
Occupation		
Artisan	94	28.5
Self employed	163	49.4
Civil servant	14	4.2
Unemployed	59	17.9
Religion		
Christian	253	76.2
Moslem	7	2.1
Traditionalist	2	0.6
No Religion	68	20.6

4.2 Level of consumption of alcoholic beverages mixed with aphrodisiacs

This section describes the prevalence, the reasons and the types of alcoholic beverages generally consumed as well as the consumption of alcoholic beverages mixed with aphrodisiacs.

4.2.1. Prevalence and reasons for consumption of alcoholic beverages.

Most (86.7%) have ever consumed alcohol and 84.5% currently consume alcoholic beverages. Thirty-one percent 31% said they drink to overcome worries and the least (15.7%) reason was to enhance sexual performance. However about half of the respondents who do not consume alcoholic beverages gave reason as health grounds and the other half said it was for religious reasons as shown in Table 4.2

Table 4.2. Reasons for consumption of alcoholic beverages

Reason	Number (%)		Total
	Males	Females	
For pleasure	122(19.5)	40(6.4)	162(25.9)
To overcome worries	138(22.1)	56(8.9)	194(31)
To enhance sexual performance	87(13.9)	11(1.8)	98(15.7)
To stimulate appetite	120(19.2)	51(1.2)	171(27.4)

These reasons corroborate the responses of three persons in their mid-twenties during the FGD who said;

“We drink alcohol for pleasure or for fun....”

Two others said;

‘We drink to relieve problems and to stimulate appetite for food....’

Another said;

“I drink to be able to confront opponents and to reduce shyness so as to be able to communicate...”

Two other males aged 35 and 40 years revealed;

“...to prolong erection and to be able to sleep well....”

4.2.2 Associations between socio-demographic factors and current consumption of alcoholic beverages

Table 4.3 shows that at a significance level of 0.05, there is no statistically significant association between current consumption of alcoholic beverages and sex (p-value < 0.722), age group (p-value < 0.384) and marital status (p-value < 0.303), implying that sex, age group and marital status do not influence current consumption of alcoholic beverages.

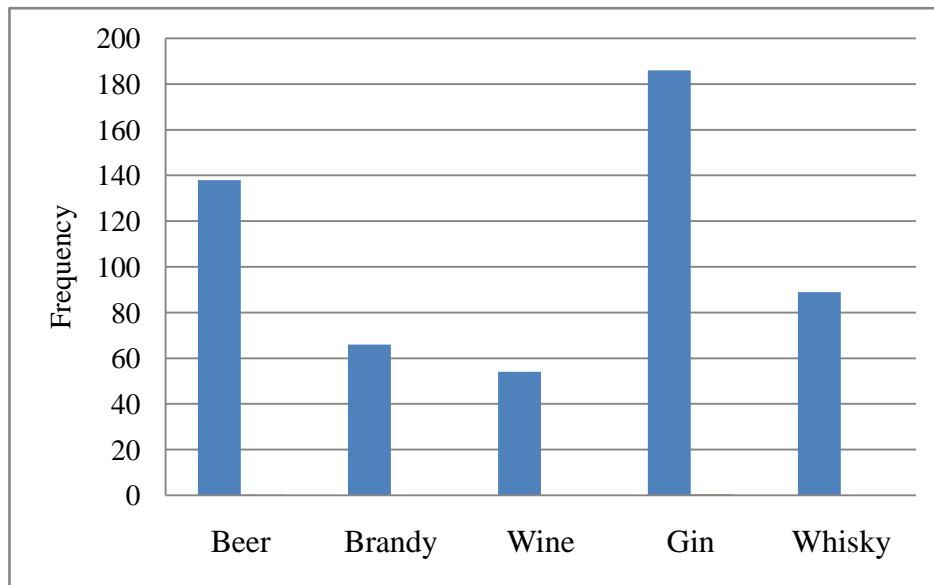
Table 4.3 Associations between socio-demographic factors and current consumption of alcoholic beverages

Socio-demographic factors	Current consumption of alcoholic beverages			P-value
	Yes (%)	No (%)	Total	
Sex				
Males	209(63.3)	37(11.2)	246(74.5)	0.722
Females	70(21.2)	14(4.2)	84(25.5)	
Age groups				
15-24	51(15.5)	6(1.8)	57(17.3)	0.384
25-34	128(38.8)	31(9.4)	159(48.2)	
35-44	73(22.1)	10(3)	83(25.2)	
45-54	23(7.0)	3(0.9)	26(7.9)	
55 and above	4(1.2)	1(0.3)	5(1.5)	
Marital status				
Married	105(31.8)	16(4.9)	121(36.7)	0.303
Single	94(28.5)	24(7.3)	118(35.8)	
Divorced/widowed/separated	36(10.9)	4(1.2)	40(12.1)	
Living together	44(13.3)	7(2.1)	51(15.5)	

4.2.3 Type of alcoholic beverage consumed

Figure 4.1 shows that 186(34.9%) respondents mostly consume gin with the least 54(10.1%) consuming wines.

Fig. 1 Types of alcoholic beverage consumed



4.2.4 Prevalence and frequency of consumption of alcoholic beverages mixed with aphrodisiacs

Majority (63.9%) consume alcoholic beverages mixed with aphrodisiacs. Seventy point one percent (70.1%) drink it daily and 11.5% drink it occasionally. Most (64.9%) consume one to three tots of alcoholic beverages mixed with aphrodisiacs at a time. A tot of the drink is equivalent to 50ml, contains about 40% alcohol and it is sold for between 20GHP and 25GHP. This implies that most (74.5%) of the respondents consume between 50-150 ml of alcoholic beverages mixed with aphrodisiacs at a time and spend less than GHC 2.00 on the drink.

Most (65.3%) were introduced to alcoholic beverages mixed with aphrodisiacs by their friends and most (63.3%) also drink alcoholic beverages mixed with aphrodisiacs with friends. This is as shown in Table 4.4.

Table 4.4 Frequency of consumption and introduction to the consumption of alcoholic beverages mixed with aphrodisiacs.

n= 211	Number	Percentage
Frequency of consumption		
Daily	148	70.1
Weekly	39	18.5
Occasionally	24	11.5
Quantity consumed at a time		
1-3 tots	135	64.9
4-6 tots	59	28
¼ beer bottle	12	6
½ beer bottle	5	2.4
Amount spent on the drink at a time		
Less than GHC2.00	159	75.4
GHC3-5	47	22.3
≥GHC6.00	4	1.9
Introduction to consumption of the drink		
Friends	146	65.3
Sexual partner	20	8.9
Advertisement	23	10.3
Learnt to drink by myself	34	15.3
Persons respondents drink with		
Friends	142	63.3
Sexual partner	19	8.5
Co-worker	2	0.9
Alone	61	27.2

4.2.5 Preferred alcoholic beverages mixed with aphrodisiacs

According to the studies, the most widely known alcoholic beverage usually mixed with aphrodisiacs is gin. Gin is known to be mixed with other brands of gin notably Alomo gin bitters, marijuana and other herbs to give them aphrodisiac properties. Beers are usually mixed with “8pm” gin and lime gin. Wine is mixed with marijuana and other brands of gin. Whiskeys are mixed with gin, lime gin and bitters.

The aphrodisiacs usually mixed with the preferred drinks are the locally brewed gin called *akpeteshie*, other brands of gin, bitters, marijuana, nim leaves, bark of the mahogany tree, moringa leaves, roots and other parts of plants of unknown origin. Others are lime, ginger and Coca-cola. It was found out that there was a higher preference for lime gin.

During the FGD a 32 year old participant expressed that;

“..consuming only one type of alcoholic beverage would not enhance sexual performance but a mixture of many brands of alcoholic beverages would...”

Another, a 35 year old also noted that;

“Akpeteshie mixed with either marijuana, ginger gin or herbs (roots, leaves, and the bark of trees of unknown origin) relieves waist pains, gives free bowels and also increases appetite.”

Again two others in their thirties said;

“Mixing tots of all alcoholic beverages also called “trotro” is very effective as well as Mandingo mixed with castle bridge gin”

For a 23 year old young man;

“Alomo gin bitters mixed with Agya Appiah gin and Coca-cola...”

Two others in the FGD stated that;;

“Nim leaves mixed with akpeteshie, also called yellow clears the body of Impurities by making you urinate frequently and prevents fever as well.”

4.3 General Perceptions about the consumption of Alcoholic beverages mixed with Aphrodisiac

Three hundred and four (92.1%) made up of both drinkers and non drinkers of the product ascribed to the general perception that consumption of alcoholic beverages mixed with aphrodisiac is for pleasure with 67.9% of the respondents being males. To promote health was the least cited reason for the consumption of alcoholic beverages mixed with aphrodisiacs from forty-four (13.3%) respondents with 10.6% being males as indicated in Table 4.5.

Table 4.5 General perception about the consumption of alcoholic beverages mixed with aphrodisiacs

Reason	Number (%)		
	Males	Females	Total
For pleasure	230(67.9)	74(22.4)	304(92.1)
To overcome worries	212(64.2)	76(23)	288(87.3)
To enhance sexual performance	181(54.8)	42(12.7)	223(67.6)
To promote health	35(10.6)	9(2.7)	44(13.3)
Poor health	94(28.5)	49(14.8)	143(43.3)

4.3.1 Consumers' reasons for consuming alcoholic beverages mixed with aphrodisiacs

Respondents' reasons for consuming alcoholic beverages mixed with aphrodisiacs were for pleasure (36.5%) and to stimulate appetite for food (36.5%) as shown in Table 4.6.

Table 4.6 Consumers' reasons for consuming alcoholic beverages mixed with aphrodisiacs

Reason	Number (%)		Total
	Males	Females	
For pleasure	133(28.2)	39(8.3)	172(36.5)
To enhance sexual function	103(21.9)	12(2.5)	115(24.4)
To stimulate appetite for food	125(26.5)	47(10)	172(36.5)
Peer influence	6(1.3)	6(1.3)	12(2.5)

Some participants in the FGDs said;

“We consume drinks like alomo gin to enhance sexual performance by maintaining erection for long periods of about an hour and also to remove phlegm....”

Another also mentioned that;

“People who do not like to take medicines which improve sexual performance will drink alcohol mixed with aphrodisiacs to enhance sexual performance.”

Two participants in their mid thirties disclosed that;

“..it stimulates appetite for food but large quantities will decrease appetite for food.”

Two others said;

“People who have relationship problems also drink it so that they can deteriorate.”

One 40 year old male indicated that;

“Women also drink Guinness mixed with the local drink (akpeteshie) and fruits of plants called amoba to terminate pregnancies.”

4.3.2 Prevalence of erectile dysfunction, frequency and action taken

This section describes the prevalence of difficulty in maintaining erection, the frequency and action respondents took to address the situation. One hundred and thirty-seven (55.6%) of a total of two hundred and forty-six males had ever experienced difficulty in maintaining erection. Sixty-five percent of these experience erectile dysfunction once a while, whilst 35% experienced it all the time.

Most (68.6%) of the respondents who have ever experienced erectile dysfunction consumed alcoholic beverages mixed with aphrodisiacs whereas 18.3% sought professional health care. These are as shown in Table 4.7.

Table 4.7 Frequency of difficulty in maintaining erection and action taken by respondents

n=137	Number	Percentage
Frequency		
Once a while	89	65
All the time	48	35
Action taken		
Told a friend	18	13.1
Consumed alcoholic beverage mixed with aphrodisiacs	94	68.6
Informed a health professional	25	18.3

4.3.3 Association between consumption of alcoholic beverages mixed with aphrodisiacs and difficulty in maintaining erection

At a significance level of 0.05, there is no statistically significant association between consumption of alcoholic beverages mixed with aphrodisiacs and difficulty in maintaining erection ($p\text{-value} < 0.108$) as shown in Table 4.8.

Table 4.8 Association between erectile dysfunction and consumption of alcoholic beverages mixed with aphrodisiacs

		Ever experienced difficulty in maintaining erection			P-value
		Yes	No	Total	
Consumption of alcoholic beverages mixed with aphrodisiacs	Yes	94(59.5%)	64(40.5%)	159(100)	0.108
	No	43(48.9%)	45(51.1%)	88(100)	
	Total	137(55.7%)	109(44.3%)	246(100)	

4.4. Benefits derived from the consumption of alcoholic beverages mixed with aphrodisiacs

Findings from the study indicate that 237(42.5%) respondents comprising 31% males and 11.5% females responded that, generally the benefits derived from the consumption of alcoholic beverages mixed with aphrodisiac is increased appetite, while 40.2% comprising 31% males and 9.2% females said it increases sexual functioning. However, about half (51.8%) of the respondents specifically experienced increased appetite, 35% experienced increased sexual functioning and 13.2% experienced increased energy level to work as shown in Table 4.9.

Table 4.9 Benefits derived from the consumption of alcoholic beverages mixed with aphrodisiacs

Benefits	Number (%)		Total (%)
	Males	Females	
General benefits derived			
Increased appetite	173 (31)	64 (11.5)	237 (42.5)
Increased sexual functioning	173 (31)	51 (9.2)	224 (40.2)
Increased energy level	65 (11.7)	31 (5.5)	96 (17.2)
Benefits respondents experienced			
Increased appetite	150(38.9)	50 (12.9)	200 (51.8)
Increased sexual functioning	123 (31.1)	12(3.1)	135 (35)
Increased energy level	34 (8.8)	17 (4.4)	51(13.2)

Responses from participants at the FGDs indicate that people drank alcoholic beverages mixed with aphrodisiacs for increased sexual functioning.

Some participants mentioned that;

“...marijuana mixed with akpeteshie is effective in enhancing sexual functioning however excessive consumption will decrease it.”

Additional another said;

“When you mix different kinds of alcoholic beverages and drink, it will increase sexual performance but consuming one particular drink will make you sexually weak.”

One person said;

“When you drink, it gives you the courage to approach people of the opposite sex.”

Whilst two other participants also stated that;

“there are no benefits derived but only sickness...”

4.4.1 Participants' recommendation for consumption of alcoholic beverages mixed with aphrodisiacs

More than half (57%) of the respondents said they would recommend the consumption of alcoholic beverages mixed with aphrodisiac to other people due to its beneficial effects such as increased appetite and sexual performance, whereas 43% said they would not recommend to other people due to some undesirable results such as decreased sexual performance as shown in Table 4.10.

Table 4.10 Participants' recommendation for consumption of alcoholic beverages mixed with aphrodisiacs

Reason	Number	Percentage
Reasons for recommending		
Increased appetite	103	39.8
Increased sexual functioning	124	47.9
Increased energy level	32	12.4
Reasons for not recommending		
No effect	10	6.2
Headache	49	30.4
Decreased sexual functioning	60	37.3
Stomach upset	42	26.1

Even though more than half of respondents interviewed said they would recommend the consumption of alcoholic beverages mixed with aphrodisiacs, some participants in the FGD said otherwise. They said;

“.. would not recommend the consumption of alcoholic beverages mixed with aphrodisiacs because it results in prolong erection without ejaculation when consumed in excess and why a woman must be taken through such ordeal...”

4.4.2 Side effects of consumption of alcoholic beverages mixed with aphrodisiacs

During the FGD participants responses to the side effects of aphrodisiacs mixed with alcoholic beverages were that even though it improves sexual functioning, some unpleasant side effects are felt.

“You would get hangover and it gives you bodily pains.” according to two participants.

Another participant also said;

“You always crave for it even if you don’t want it and you always have frequent hunger...”

For a 35 year old participant;

“Mixing about 4 tots of Alomo and Mandingo can sustain erection for a long time, however large quantities will reduce brain functioning and decrease sexual functioning, whereas low quantities will increase sexual performance.”

4.4.3 Advertisement on alcoholic beverages mixed with aphrodisiacs

Participants at the FGD general responses to whether they would recommend the advertisements on alcoholic beverages mixed with aphrodisiacs were that advertisements should not be made though stopping it will not make so much impact to avoid consumption. One participant said;

“Many advertisements on alcohol on TV are bad and should not be allowed because people are lured into it.”

Another also suggested that;

“Advertisements could be done on radio but not on TV where people will see it.”

Two others were however of the opinion that;

“..although akpeteshie is not advertised people consume it widely so advertisement does not make any difference...”

CHAPTER FIVE

5.0 DISCUSSION

Majority of the participants were young people aged 25-34 years and are the sexually active group who are usually preoccupied with maintaining sexuality

The study found out that of those who have difficulty in maintaining erection most experienced it once. This is similar to studies by Amidu et al., (2010) where 66% of Ghanaian men in Kumasi have sexual dysfunction with prevalent problems being infrequency, premature ejaculation and impotence.

Majority (63.9%) of the respondents consume alcoholic beverages mixed with aphrodisiacs, indicating a high level of consumption. It is also similar to a study of chemist shops in India where more men were found to be using herbal aphrodisiacs in various forms (Jones, 2010).

It also corroborates a study by Sumalathal et al., (2010) where many people use aphrodisiacs to overcome problems of sexuality to maintain quality of life. It was found that of those who have ever experienced difficulty in maintaining erection, most consumed alcoholic beverages mixed with aphrodisiacs and a few informed a health worker. Similar information was provided by studies in India where men resort to herbal medicines rather than consult a physician (Jones, 2010). This could be associated with culture which forbids the open discussion of sexuality thereby accounting for people yielding to prescriptions given by peers rather than a health professional.

There were multiple responses to who introduced participants to the use of alcohol and aphrodisiacs. Some were introduced to it by either friends and sexual partners or friends

and advertisements. However the study found out that most of the respondents were introduced to alcoholic beverages mixed with aphrodisiacs by friends and not through advertisements. As was also reiterated in the FGD, advertisements have no effect because even though *akpeteshie* is not advertised it is widely consumed.

Majority drink alcoholic beverages mixed with aphrodisiacs daily and most drink 1-3 tots at a time spending not more than GHC2.00. This relates to findings that the association between alcohol consumption and its consequences depends on the volume and patterns of drinking (WHO, 2004).

The frequency or consistent consumption could be associated with the addictive nature of alcohol and some of the other aphrodisiacs notably marijuana as indicated by findings that these aphrodisiacs are addictive and have many dire consequences (Roy Medical Hall, 2006).

The type of alcoholic beverage mostly consumed by the respondents is gin mixed with other brands of alcoholic beverages and herbs reputed to be aphrodisiacs. The aphrodisiacs usually mixed with the preferred drinks are the locally brewed gin called *akpeteshie*, other brands of gin, bitters, marijuana, nim leaves, bark of the mahogany tree, moringa leaves, roots and other parts of plants of unknown origin. Others are lime, ginger and Coca-cola. These are similar to other findings that alcohol is one of the substances believed to enhance sexual responsiveness, partly because alcohol lowers sexual inhibition and allows desire to emerge. Moreover, advertisements on alcoholic beverages have reputed alcohol to be aphrodisiac (Roy Medical Hall, 2006).

From the study, some of the herbal aphrodisiacs mixed with the local gin are not known by the consumers but are consumed because they are reputed to enhance sexual performance when mixed with gin. These may contain chemicals which could be toxic to the human body. This is similar to a statement by the FDB that there are toxic chemicals in the various brands of aphrodisiacs which are related to deaths resulting from cardiac arrest (The Spectator, 2008).

The general perception about consumption of alcoholic beverages mixed with aphrodisiacs was for pleasure (92.1%) followed by consumption to overcome worries (87.3%) and also to enhance sexual performance (67.6%). However 43% said consumption results in ill health. This corroborates with Jones (2010) that aphrodisiacs which come in various forms are used because people do not mind spending fortunes to enhance their sex life though there is no scientific evidence of their effectiveness.

However there was no statistically significant association found between consumption of alcoholic beverages mixed with aphrodisiacs and difficulty in maintaining erection. This implies that respondents do not consume alcoholic beverages mixed with aphrodisiacs solely to enhance sexual prowess but for other reasons such as for pleasure and to stimulate appetite.

The benefits participants claimed to have mostly derived from the consumption of alcoholic beverages mixed with aphrodisiacs were increased appetite and increased sexual performance. However, FDA (2010) indicates that scientific evidence shows that these claimed benefits are psychological, that is the placebo effect.

More than half (57%) of the respondents would recommend the consumption of alcoholic beverages mixed with aphrodisiacs due to its beneficial effects such as increased appetite and increased sexual performance. However findings by Schiavi (1990) indicate that chronic use of alcohol has harmful effects on sexual functioning probably through its effect on cardiovascular functions. Roy Medical Hall (2006) also indicates that alcohol being a central nervous system depressant inhibits sexual response including erectile dysfunction.

The consumption of alcoholic beverages is perceived by many to produce pleasure and reduce social inhibition. Since the content of the alcoholic beverages and the aphrodisiacs could cause addiction and poisoning, consistent consumption means continuously introducing toxins into the human body which could result in death. Furthermore, according to WHO (2004), dependence on alcohol has many serious physical, psychological and economic consequences.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

Although alcoholic beverages mixed with aphrodisiacs are advertised or purported to enhance sexual performance the study found out that most people (63.9%) consume for increased appetite and pleasure. Moreover the contents especially the herbal preparations are usually unknown to consumers. The benefits consumers claimed to have experienced are more psychological rather than physiological. Though the study did not test for the contents of the products other studies indicate that some of the products are harmful including persistent consumption of alcohol. Thus the consumption of alcoholic beverages mixed with aphrodisiacs could result in psychosocial and other physiological consequences including sexual dysfunctioning.

6.2 LIMITATIONS OF THE STUDY

The issue of human sexuality is usually perceived as private and very confidential just as the use of aphrodisiacs and alcohol is, thus responses may be subject to information bias.

6.3 RECOMMENDATIONS

Based on findings from the study the following recommendations are made to curb the consequences that come with the use of alcohol and aphrodisiacs.

Drinking for pleasure and increased appetite should be discouraged through public education so that people with loss or decreased appetite will seek medical attention.

Health education on the causes of erectile dysfunction should be provided at the national level through the media so that myths surrounding erectile dysfunction could be broken for people to recognise the signs and symptoms and seek appropriate medical care.

Health education on the consequences of alcohol and aphrodisiacs use should be provided at the community level, sub metro and national level especially through the mass media.

Further studies to determine the real content of the mixture (alcohol and the aphrodisiacs) should be undertaken and studies on alcoholic beverages and aphrodisiacs use need to be done to assess the impact of consumption so that policies and laws regarding the sale and consumption could be made.

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APPENDICES

APPENDIX I

CONSENT FORM FOR QUESTIONNAIRE

Title: Consumption of alcoholic beverages mixed with aphrodisiac at the Okaikoi Sub-metropolis.

Principal Investigator: Evelyn Tabil.

Qualification: Master of Public Health Student

Address: School of Public Health, University of Ghana, Legon.

Tel. 0208153114 email-evelyntabil@gmail.com

General Information about Research

The society in which we live in defines masculinity in terms of fertility and sexual capability, thus maintaining sexual potency and interest in sex itself has always been a major concern for both men and women.

Advertisements on television, radio and print media often pair exciting sexual undertones with the brand of alcohol being advertised, suggesting to consumers that alcohol will help them create such sexually charged moments thus people with sexual dysfunction consume such products which may contain toxins instead of seeking professional medical care.

This study seeks to identify the reasons and benefits people attribute to the consumption of alcoholic beverages mixed with aphrodisiac.

Your response to the questions asked will bring to the fore the Public Health implications of the consumption of alcoholic beverages mixed with aphrodisiacs.

Possible Risks and Discomforts

This study poses minimum risk to participants. Questions related to the health and perception of consumption of alcoholic beverages mixed with aphrodisiac may make you uncomfortable.

Description of Level of Research Burden

Study participants will be asked to participate in an interview which will take approximately 40 minutes to complete.

The risks involved with study participation, is mainly discomfort with the above mentioned topics, will be minimized by reiterating before consenting to participate in the study and before the interview that participants are volunteers and they may decline to answer any question or discuss any topic that they do not wish to discuss. In addition, all persons involved in the research will be trained in how to remind participants of their ability to decline participation at any point. The persons conducting the interviews will be trained in moderating and interviewing skills when dealing with such topics.

Possible Benefits

The study is to increase awareness of the public health implications of the use of alcoholic beverages claimed to be mixed with aphrodisiacs and to encourage people to seek medical care for problems related to unsatisfactory sexual performance and infertility. It also aims to identify gaps in knowledge on consumption of alcoholic beverages claimed to be mixed with aphrodisiacs so that issues regarding regulatory policies and intervention will be addressed.

Confidentiality

All study materials (questionnaires, informed consent forms) will be stored in locked file cabinets in the offices of Principal Investigator. Data will be entered in SPSS software by the research assistants, and electronic files will be made accessible only to the research team.

Plans for Record Keeping

Study materials (questionnaires, inform consents) will not be labeled and interviews will be given a unique study identification number for each study participant.

Person Responsible & Telephone Number

The person responsible for data storage will be Evelyn Tabil (PI), MPH Student of the School of Public Health, University of Ghana, Legon. Tel: 0208153114

Access to the Data

Only members of the research team will have access to the data.

Compensation

Eligible persons who consent to participate in this study will not be given any monetary or nonmonetary compensation.

Voluntary Participation and Right to Leave the Research

Potential study participants will be told that participating in the study is entirely voluntary, and that declining to enter the study, declining to answer a question, or terminating the interview will have no negative consequence.

Contacts for Additional Information

Please call the person responsible for this study in your community, Evelyn Tabil on 0208153114 or Dr. Philip Adongo the research supervisor at the Department of Social and Behavioural Science at the School of Public Health, University of Ghana, Legon or on telephone number 0244806015 if you have questions about the study.

Thank you.

APPENDIX II**VOLUNTEER AGREEMENT**

The above document describing the benefits, risks and procedures for the research title (name of research) has been read and explained to me in English/ Twi/Ga. I have been given an opportunity to ask any questions about the research and answers given to my satisfaction. I do hereby consent to participate in the study.

Date

Signature/thumbprint of participant

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Date

Signature of Witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Date

Signature of Person Who Obtained Consent

APPENDIX III

CONSENT FORM FOR FOCUS GROUP DISCUSSION

Title: Consumption of alcoholic beverages mixed with aphrodisiac at the Okaikoi Sub-metropolis.

Principal Investigator: Evelyn Tabil.

Qualification: Master of Public Health Student

Address: School of Public Health, University of Ghana, Legon.

Tel. 0208153114 email-evelyntabil@gmail.com

I am a Master of Public Health Student at the School of Public Health, University of Ghana, Legon. I am conducting a research on the Consumption of Alcoholic beverages mixed with Aphrodisiac as an academic work which could also be used for a database in policy formulation. I am conducting the research under the supervision of Dr Philip Adongo of the School of Public Health and I am inviting you to participate in my study. This study seeks to identify the reasons and benefits people attribute to the consumption of alcoholic beverages mixed with aphrodisiac

General information about the research

Advertisements on television, radio and print media often pair exciting sexual undertones with the brand of alcohol being advertised, suggesting to consumers that alcohol will help them create such sexually charged moments thus people with sexual dysfunction consume such products which may contain toxins instead of seeking professional medical care. This study seeks to identify the reasons and benefits people attribute to the consumption of alcoholic beverages mixed with aphrodisiac.

Your responses/ contributions to the questions asked will bring to the fore the Public Health implications of the consumption of alcoholic beverages mixed with aphrodisiacs.

Description of Level of Research Burden

Study participants will be asked to participate in a discussion which will take approximately 1 hour to complete.

Possible Risks and Discomforts

This study poses minimum risk to participants. Questions related to the health and perception of consumption of alcoholic beverages mixed with aphrodisiac may make you uncomfortable. This will be minimized by reiterating before consenting to participate in the study and before the discussion that participants are volunteers and they may decline to answer any question or discuss any topic that they do not wish to discuss. The person moderating the discussion will be trained in moderating and interviewing skills when dealing with such topics.

Possible Benefits

The study is to increase awareness of the public health implications of the use of alcoholic beverages mixed with aphrodisiacs and to encourage people to seek medical care for problems related to unsatisfactory sexual performance, infertility and any other reason for the consumption of alcoholic beverages mixed with aphrodisiac. It also aims to identify gaps in knowledge on consumption of alcoholic beverages mixed with aphrodisiacs so that issues regarding regulatory policies and intervention will be addressed.

Voluntary Participation

Your participation is completely voluntary. You may withdraw from this study at any time without penalty.

Confidentiality

All information obtained in this study will be kept strictly confidential. The discussion will be audio taped because we do not want to miss any information. All participants will be asked not to disclose anything said within the context of the discussion.

All identifying information will be removed from the collected materials, and all study materials (tape recorders, informed consent forms) will be stored in locked file cabinets in the offices of Principal Investigator and destroyed one year after completion of the study. Data will be entered in SPSS software by the research assistants, and electronic files will be made accessible only to the research

I also understand that my words may be quoted directly. With regards to being quoted, please initial next to any of the statements that you agree with:

	I wish to review the notes, transcripts, or other data collected during the research pertaining to my participation.
	I agree to be quoted directly.
	I agree to be quoted directly if my name is not published (I remain anonymous).
	I agree to be quoted directly if a made-up name (pseudonym) is used.
	I agree that the researchers may publish documents that contain quotations by me.

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.

Participant's signature _____

Date: _____

Researcher's signature: _____

Date: _____

Please call the person responsible for this study in your community, Evelyn Tabil on 0208153114 or Dr. Philip Adongo the research supervisor at the Department of Social and Behavioural Science at the School of Public Health, University of Ghana, Legon or on telephone number 0244806015 if you have questions about the study.

APPENDIX IV**SAMPLE QUESTIONNARE****CONSUMPTION OF ALCOHOLIC BEVERAGES MIXED WITH APHRODISIAC****Respondent's ID NO..... [] [] []****Name of interviewer.....**

Dear Sir/Madam,

I am a Master of Public Health Student at the School of Public Health, University of Ghana, Legon. I am conducting a research on the Consumption of Alcoholic beverages mixed with Aphrodisiac as an academic work which could be used for a database in policy formulation.

I would be grateful if you could spare some time to answer this questionnaire. You are hereby assured of anonymity and that any information provided will be treated with the utmost confidentiality. However if you feel reluctant to participate you have the right to drop out without any offence or hindrance. Thank you.

Please tick (✓) the appropriate answer.**Background Characteristics**

1. Sex: 1. Female [] 2. Male []

2. Age: [] []

3. Marital status: 1. Single [] 2. Married [] 3. Divorced [] 4. Living together []

5. Separated [] 6. Never married [] 7. Widowed []

4. Number of children: [] []

5. Religion: 1.Catholic [] 2.Anglican/Methodist/Presbyterian [] 3.No Religion
4. Moslem [] 5.Charismatic/Pentecostal [] 6.Traditionalist []

6. Level of education: 1.No education [] 2.Primary [] 3.Middle school []
4. JHS [] 5. SHS [] 6. Technical/Vocational/Commercial []
7. Polytechnic [] 8.University []

7. Occupation: 1. Artisan [] 2.Self employed [] 3.Civil servant []
4. Unemployed [] 5.Other, please specify.....

Section B. Consumption of alcoholic beverages mixed with aphrodisiac

8. Have you ever consumed alcohol? 1. Yes [] 2. No []

9. Do you currently consume any alcoholic beverage? 1. Yes [] 2. No []

10. If no, why do you not drink? 1. Religion [] 2.Health [] 3.Other, please specify.....

11. If yes to Q.9 why do you drink alcohol? 1. Pleasure [] 2. To overcome worries []
3. To enhance sexual performance 4. To stimulate appetite for food []

12. What type of alcohol do you consume? 1. Beer [] 2.brandy [] 3.Wine []
4.Gin [] 5. Whisky [] 6.Other, please specify.....

13. Do you consume alcoholic beverages mixed with aphrodisiac? 1. Yes [] 2.No []

14. If yes to Q13, what brand of alcoholic beverage mixed with aphrodisiac do you consume?

(Please provide the name of aphrodisiac mixed with the alcohol)

- 1[] Beer mixed with.....
- 2[] Brandy mixed with.....
- 3[] Wine mixed with.....
- 4[] Gin mixed with.....

5 [] Whisky mixed with.....

6 [] Other, please specify.....

15. How often do you consume alcoholic beverage mixed with aphrodisiac?

1. Daily []

2. Weekly []

3. Occasionally []

4. Other please specify.....

16. How many tots of alcoholic beverage mixed with aphrodisiacs do you drink in a day?

1. 1-3tot []

2. 4-6 tots []

3. $\frac{1}{4}$ beer bottle []

4. $\frac{1}{2}$ beer bottle^l []

5. Other, please specify.....

17. How much do you spend on the product at a time?

1. \leq GHC 2 []

2. GHC 3-5 []

3. GHC 5+ []

18. Who introduced you to the product? 1. Friends [] 2. Sexual partner []

3. Advertisement [] 4. Other please specify.....

19. Whom do you drink with? 1. Alone [] 2. Friends [] 3. Sexual partner []

4. Co-worker []

Section C. Perception of consumption of alcoholic beverages mixed with aphrodisiac

20. Can the consumption of alcoholic beverages mixed with aphrodisiac give you the following?(You can choose more than one option

	Yes	No	Don't know
1. Pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Overcome worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Enhance sexual performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Promote health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 What are the types of alcoholic beverages mixed with aphrodisiac? Please provide the name of the aphrodisiac

1. Beer mixed with.....
2. Brandy mixed with.....
3. Wine mixed with.....
4. Gin mixed with.....
5. Whisky mixed with.....
6. Other, please specify

22. Why do you consume alcoholic beverage mixed with aphrodisiac?(you can choose more than one option)

- | | |
|---|---|
| 1. For pleasure <input type="checkbox"/> | 2.To enhance sexual function <input type="checkbox"/> |
| 3.To stimulate appetite for food <input type="checkbox"/> | 4. Peer influence <input type="checkbox"/> |

23. Have you experienced any difficulty in maintaining erection? 1. Yes 2. No

24. If yes, how often does it happen?

1. Once a while [] 2. All the time [] 3. Other please specify []

25. What did you do about the problem?

1. Told a friend [] 2. Consumed alcoholic beverage mixed with aphrodisiac []
3. Informed a health professional [] 4. Other, please specify.....

Section D .Benefits derived from the consumption of alcoholic beverages mixed with aphrodisiac

26. What are the general benefits derived from the consumption of alcoholic beverages mixed with aphrodisiac?

1. Increased appetite [] 2. Increased sexual functioning []
3. Increased energy level []

27. What benefit did you derive from the consumption of alcoholic beverage mixed with aphrodisiac?

1. Increased appetite [] 2. Increased sexual functioning []
3. Increased energy level []

28. Would you recommend the product to other people to use? 1. Yes [] 2.No []

29. If yes, why would you recommend it to others?

1. Increased appetite []
2. Increased sexual functioning []
3. Increased energy level []
4. Other, please specify.....

30. If no, why would you not recommend it to others?

1. No effect []
2. Headache []
3. Decreased sexual functioning []
4. Stomach upset []
5. Other please specify.....

Thank you.

APPENDIX V**SAMPLE FOCUS GROUP DISCUSSION GUIDE****TITLE: CONSUMPTION OF ALCOHOL BEVERAGES MIXED WITH APHRODISIAC****Location of Participants.....****Name of Moderator**

Dear Sir/Madam,

I am a Master of Public Health Student at the School of Public Health, University of Ghana, Legon. I am conducting a research on the Consumption of Alcoholic beverages mixed with Aphrodisiac as an academic work which could be used for a database in policy formulation.

You are hereby assured of anonymity and that any information provided will be treated with the utmost confidentiality. However if you feel reluctant to participate you have the right to drop out without any offence or hindrance.

This discussion is informal, so there's no need to wait for us to call on you to respond. You are encouraged to respond directly to the comments other people make. If you don't understand a question, please let us know. We are here to ask questions, listen, and make sure everyone has a chance to share.

If we seem to be stuck on a topic, we may interrupt you and if you aren't saying much, we may call on you directly. If we do this, please don't feel bad about it; it's just our way of making sure we obtain everyone's perspective and opinion is included.

We hope you'll feel free to speak openly and honestly. This discussion would be tape recorded because we do not want to miss any of the comments. No one outside of this room will have access to these tapes and they will be destroyed one year after the study is completed. Thank you.

SECTION A

Perception of alcoholic beverages mixed with aphrodisiac

1. Why do people consume alcoholic beverages?
2. Why do people consume alcoholic beverage mixed with aphrodisiac?
3. What are the types of alcoholic beverages mixed with aphrodisiac?

Benefits derived from the consumption of alcoholic beverages mixed with aphrodisiac

4. What benefits are derived from the consumption of alcoholic beverage mixed with aphrodisiac?
5. Would you recommend the product to other people to use? (Probe to find out reasons for or against)
6. What are the side effects following the consumption of alcoholic beverages mixed with aphrodisiac?
7. Would you recommend the advertisement of alcoholic beverages mixed with aphrodisiacs on the following?
 1. Television
 2. Radio
 3. Print media

Thank you for your time.

