

**PRACTICE OF STUDENTS OF KAMPALA SCHOOL OF HEALTH SCIENCES TOWARDS  
PREVENTION OF ALCOHOL CONSUMPTION, WAKISO DISTRICT.  
A CROSS-SECTIONAL STUDY.**

*Mwesigwa Ndaikaraganawe\*, Atuukuma Cliffe  
Kampala school of health sciences*

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**ABSTRACT**

**Background**

Studies on social media use and alcohol consumption among students show that alcohol consumption in Uganda is related to several health consequences among young people. The study aims to assess the Practice of students of Kampala School of Health Sciences towards the prevention of alcohol consumption, in Wakiso District.

**Methodology**

The study adopted a cross-sectional quantitative research design involving 50 participants where Barton's formula (1965) was used and were sampled by cluster sampling Technique. Data was collected using questionnaires written in closed-ended questions. This data was analyzed manually using calculators, tables, bar graphs, and pie charts.

**Results**

The majority of the respondents (40%) were pursuing Public Health and the least (10%) were pursuing Medical Laboratory. (70%) were single and the least (4%) were divorced. (44%) suggested that alcohol prevention programs should be school-based with the least of the respondents (1%) that nothing should be done as a way of preventing the consumption of alcohol in school. (72%) claimed that Health care professionals are trained in alcohol use prevention whereas less than half (28%) of the respondents said Health care professionals are not trained in alcohol use prevention. (62%) had average training on alcohol consumption prevention while the least (4%) of the respondents had not been trained on alcohol consumption prevention.

**Conclusion**

There were poor practices of alcohol prevention among medical students and revealed that most students lacked basic training on alcohol use prevention.

**Recommendations**

The administration of Kampala School of Health Sciences should come up with school-based practices that will keep students busy and also focus on reducing the chances of students engaging in alcohol consumption.

**Keywords:** Practice of students, Alcohol prevention, Medical-students

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**Corresponding author:** Mwesigwa Ndaikaraganawe\*

**Email:** [ndaikaraganawem@gmail.com](mailto:ndaikaraganawem@gmail.com)

*Kampala school of health sciences*

**BACKGROUND**

In sub-Saharan Africa, countries are experiencing rapid economic, social, and cultural transitions which have created an avenue for increased and socially disruptive use of alcohol (R G Abagoye, 2021). Alcohol consumption and disease burden in Africa are expected to increase, but policymakers have paid little or no attention to the issue of increasing alcohol consumption with Studies conducted in various parts of Africa reporting a significant prevalence of alcohol consumption among tertiary students (R G

Abagoye, 2021). Recent evidence in Kenya showed that there has been an increase in the promotion, competition, and popularity of alcoholic beverages in both the media and non-media sources. These alcoholic beverages are considerably cheaper than soft drinks influencing young people majority of whom are students to consume alcoholic beverages due to their accessibility and low cost (R G Abagoye, 2021). There has been an increased proliferation of drinking spots, nightclubs, and alcoholic vending sites in the country. Studies on social media use and alcohol consumption among students show that alcohol

consumption in Uganda is related to several health consequences among young people, including University students for instance alcohol use among young people is associated with various health and social consequences, including violence, self-harm, high-risk behaviors, poor school grades, and death, the study showed that young people in Uganda including university students report alcohol use prevalence of 31% to more than 50% (Edwinah Atusingwize et al, 2022). Although drinking of alcohol by school-going children is socially unacceptable in Uganda, the WHO (2010) estimated the abuse of alcohol among tertiary students at 25.71% (Men 14.11% women 11.6% In Uganda.

In Italy, the age group between 11 and 24 years old was forbidden and totally restrained from the mere custom drinking of alcohol between meals in Italy since this behavior had a widespread custom amongst the age bracket mentioned above, with a frequency of at least once a week, and often binge drinking. In 2015, around 15.6% of young people aged 18 and 24 experienced binge drinking (22.2% males, and 8.6% females). This percentage reached the 17% in 2016 (21.8% males and 11.7% females). Young people aged 18 and 24 are the most vulnerable to binge drinking (Merisa Patrizia Messina et al., 2021). A lower level of training and alcohol consumption and its prevention has been observed in professionals older than 46 years who were not trainers and who had more work experience (Romero-Rodríguez E, 2019). More studies in regards to the clinical practice of Health Care professionals on the systematic examination of alcohol use and counseling revealed 29.0% accepted doing this examination at their clinic, and 13.1% stated they used quantification questionnaires when they suspected at-risk alcohol use and thereafter engaged in regular practices of the advice to abstain from alcohol use and counseling, data reveals that 73.2% of professionals claimed to give this advice to pregnant women and 51.4% gave it to patients who used dangerous machinery or drove motor vehicles to embark on a positive practice of preventing alcohol consumption (Romero-Rodríguez E., 2019). Prevention programs can be developed in different fields of action, such as family-based, that encourage positive interaction between parents and children in connection with different developmental milestones school-based (J. Richard Koreck et al., 2020). The study aims to assess the Practice of students of Kampala School of Health Sciences towards the prevention of alcohol consumption, in Wakiso District.

## METHODOLOGY

### Study design

The study design was a quantitative cross-sectional survey.

### Study area

Kampala School of Health Sciences. The school is a private Health training institution with different courses that is, clinical medicine, pharmacy, biomedical engineering, nutrition and food science, medical records, and others.

### Study population

Students who study from Kampala School of Health Sciences.

### Sample size determination

The sample size was calculated using the Barton's formula (1965)

Sample size (n) =  $QR/O$  where,

Total number of days taken to collect data

Maximum number of respondents who were interviewed per day

O- Maximum time taken on each respondent per day.

Values; Q= 10days

R= 5 respondents

O=1 hour

Therefore,  $n = QR/O = (10 \times 5)/1$

=50 respondents were used in the study.

### Sampling technique

A Cluster Sampling technique was employed by the researcher with each class of learners being regarded as a primary sampling unit. Cluster Sampling is a technique used in dividing the population under study into groups known as clusters and then randomly selecting some of the groups, and then collecting data from all members of the selected groups.

### Sampling procedure

Cluster Sampling is a technique used in dividing the population under study into groups known as clusters and then randomly selecting some of the groups, and then collecting data from all members of the selected groups Data collection method.

The study employed the quantitative approach to data collection. The measurement tool for the study was a self-administered questionnaire, available in the English language.

The questions were close-ended.

It included questions related to;

- Socio-demographic characteristics
- Socioeconomic characteristics,
- Alcohol use,
- Means of getting alcohol,

- Family
- Peer alcohol use
- Alcohol consumption prevention strategies and attitudes

### Data collection procedure

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After obtaining approval from the Head of research and the supervisor a letter was taken to the Principal of Kampala School of Health Sciences for permission to carry out the study. Thereafter consent was sought from individuals selected to take part in this study. Having obtained the consent, the participants were subjected to the study tools for their responses. The researcher reviewed the responded questionnaires daily to ensure that they were being filled correctly and any errors were corrected to avoid being repeated. The process of data collection continued with the aim of achieving the calculated sample size.

### Study variables

Independent variables were knowledge attitudes and practices.

Dependent Variables were alcohol consumption.

The questionnaires were pre-tested at Lubiri High School to evaluate the reliability and validity of the study tool.

### Data analysis and presentation

Data from the questionnaire was analyzed manually using calculators, tables, bar graphs, and pie charts.

### Ethical considerations

Ethical approval was sought from the Kampala School of Health Sciences Research Ethics Committee (REC) the approval letter was forwarded to the Administration for acceptance to carry out research in their school, the researcher introduced the topic, purpose, and significance of the study to the respondents. The respondents were assured of confidentiality in the study as no names were used and thereafter asked to sign a consent form. No respondents were forced to participate in the study. Each respondent was interviewed alone and information obtained from any respondent was not shared with other colleagues. The data collected was kept in a locked cupboard.

## RESULTS

### Pre-testing of questionnaires

### Socio-demographic data

**Table 1 shows the socio-demographic data of the respondents. (N =50)**

Age	Frequency	Percentage (%)
18 – 20	10	20
21 – 30	31	61
31 – 40	5	10
>40	4	9
Total	50	100
Course pursued		
Clinical medicine	10	20
Pharmacy	15	30
Public Health	20	40
Medical lab.	5	10
Total	50	100
Nationality		
Ugandan	48	96
Non-Ugandan	2	4
Total	50	100
Sex		
Male	34	68
Female	16	32
Total	50	100
Religion		
SDA	2	4
Anglican	4	8
Catholic	18	36
Pentecost	26	52

Total	50	100
Marital status		
Single	35	70
Married	13	26
Divorced	2	4
Total	50	100

Table 1, the majority of the respondents (61%) were within the age bracket of 21-30 years and the least (9%) were greater than 40 years of age. Findings also show that the majority of the respondents (40%) were pursuing Public Health and the least (10%) were pursuing Medical Laboratory. The majority of the respondents (96%) were Ugandans and the least (4%) were Non-Ugandans. Based on the results in the above table, the majority of the respondents (68%) were male students and the least (32%) were females.

Majority of the respondents (52%) were Pentecostal and the least (4%) were SDA. The majority of the respondents (70%) were single and the least (4%) were divorced.

### Practices towards prevention of alcohol consumption among students of Kampala School of Health Sciences.

**Figure 1, Shows the distribution of respondents according to which alcohol prevention programs should be based.**

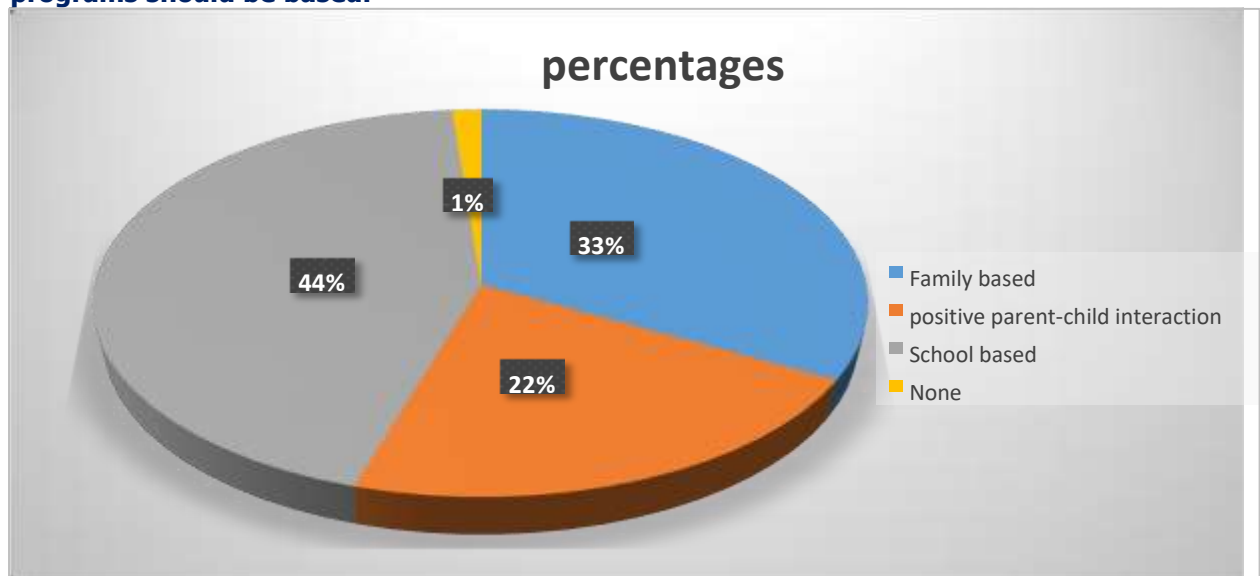


Figure 1, the majority of the respondents (44%) suggested that alcohol prevention programs should be school-based with the least of the respondents (1%) that nothing should be done as a way of preventing the consumption of alcohol in school.

**Table 2, shows the distribution of respondents according to practices of alcohol use prevention (N=50)**

Response	Frequency	Percentage (%)
Whether health care professionals are trained in alcohol use prevention		
Yes	36	72
No	14	28
Total	50	100
How do they prevent themselves from consuming alcohol?		
Going to pub	4	8
Partying	6	12
Going to a friend's house	10	20
Staying Home	30	60
Total	50	100

Table 2, more than half of the respondents (72%) claimed that Health care professionals are trained in alcohol use prevention whereas less than half (28%) of the respondents said Health care professionals are not trained in alcohol use prevention.

**Figure 2, Shows the distribution of respondents according to the extent of training on alcohol consumption prevention. (N=50)**

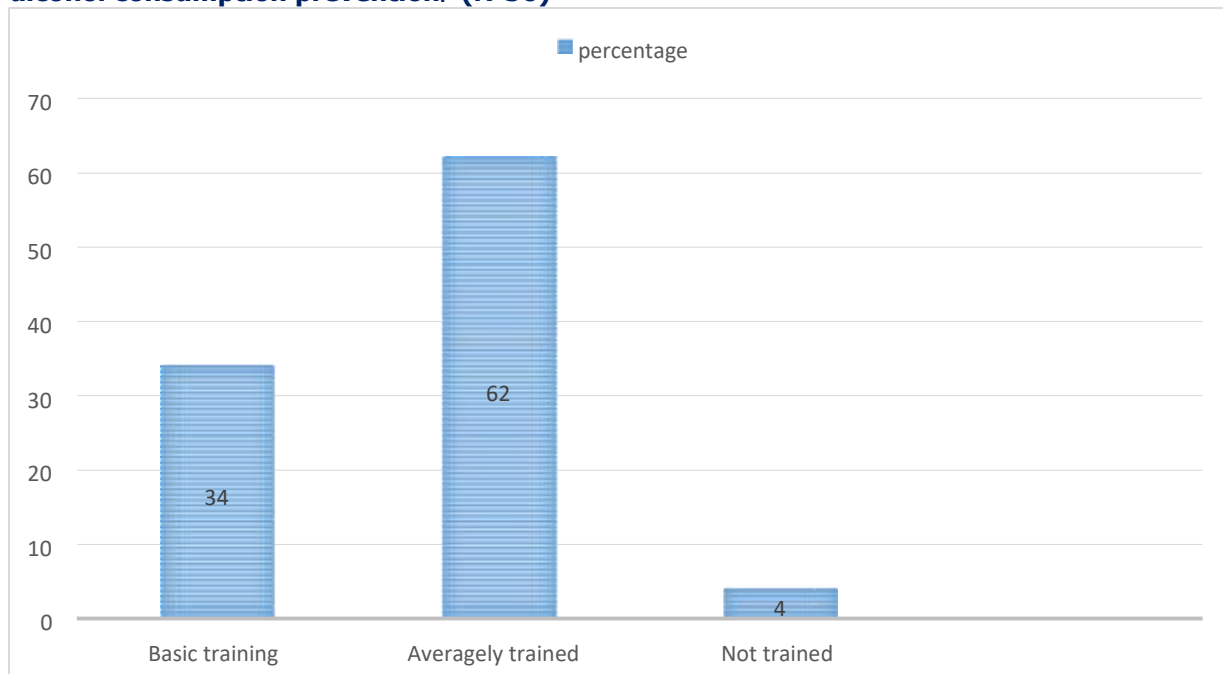


Figure 2, more than half of the respondents (62%) had average training on alcohol consumption prevention while the least (4%) of the respondents had not been trained on alcohol consumption prevention.

## DISCUSSION

### Practices towards prevention of alcohol consumption among students of Kampala School of Health Sciences, Wakiso District.

Findings showed that (40%) suggested that school-based programs of alcohol prevention should be based on, this means that the remaining (60%) of the respondents employed other methods of prevention. This is in line with the study conducted by (J. Richard Koreck et al., 2020) where he found that (57%) of the prevention programs were school-based. This means that schools can successfully

prevent the consumption of alcohol among their students compared to other methods.

The majority of the respondents (72%) agreed that Health care professionals were trained in alcohol use prevention implying that they had good practices towards the prevention of alcohol consumption. This wasn't in line with the study conducted by (Esperanza Romero-Rodriguez et al, 2019) who discovered that only (29.5%) of the respondents had received basic training on the topic whereby the majority had no training relating to the prevention of alcohol consumption.

The majority of the respondents (62%) had received average training on alcohol consumption prevention. This means that more than half of the respondents had at least basic knowledge on prevention of alcohol consumption while the least had little knowledge on preventive practices thus the need for more basic training on the topic among health training students. This is not in line with the study conducted by (Esperanza Romero-Rodriguez et al, 2019) whereby he found that only (29.5%) had received basic training on alcohol use prevention.

Results showed that the majority (60%) of the respondents prevented themselves from consuming alcohol by staying at home which possibly could have helped them reduce the chances of consuming alcohol, this is in agreement with a study carried out by (Merisa Patrizia Messina et al, 2021) on Effects of alcohol on behavioral and physical health where he found out that (34.1%) of the respondents who stayed home could prevent themselves from consuming alcohol compared to the bigger number who would go out and end up consuming alcohol, this implies that staying home plays a big role in the prevention of alcohol consumption.

## CONCLUSION

There were poor practices of alcohol prevention among medical students and revealed that most students lacked basic training on alcohol use prevention.

## STUDY LIMITATIONS

Some information was sensitive to the participants to give out as it would cause bad memories of events to the participants.

## RECOMMENDATIONS

The administration of Kampala School of Health Sciences should come up with school-based practices that will keep students busy and also focus on reducing the chances of students engaging in alcohol consumption. The school administration should also put in place rules and regulations concerning the consumption of alcohol among students on campus.

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## LIST OF ABBREVIATIONS

**SDA:** Seventh Day Adventist

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The study was not funded.

## CONFLICT OF INTEREST

There was no conflict of interest declared by the author.

## AUTHOR BIOGRAPHY

**Mwesigwa Ndaikaraganawe** is a student of a diploma in clinical medicine and community health at Kampala School of Health Sciences.

**Atuukuma Cliffe** is a tutor at the Kampala School of Health Sciences.

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