

ALCOHOLISM IN FAMILIES AND CHILDREN WELFARE IN
KABALE MUNICIPALITY, UGANDA

BY

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DECLARATION

I Gumisiriza Hillary, hereby declare that this is my original piece of work and that it has never been submitted to any other University or any other institution for any academic award.

Signed: .. ~~~~~ Date: 08/03/23

APPROVAL

This is to certify that the above student did his research under my supervision and it's ready for submission with my approval.

Signature:

Date:

Dr. BARIGYE GODFREY

DEDICATION

I dedicate this research report to my parents Mr. Mwebesa Frank and Mrs. Kikabahenda Annet and my siblings with the following heartfelt words "Your guidance, support and love will always be treasured."

ACKNOWLEDGEMENT

I am sincerely grateful to a number of people who offered me invaluable support, without whom this research would never have been. Specifically, I wish to thank my supervisor Dr. Barigye Godfrey for his tireless supervision and support throughout this journey. In a special way, I thank my course mates for their dedicated advice and immeasurable support during most of my trying moments. Thank you all for your support and encouragement. I wish you God's blessings.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ESPAD	European School Survey Project on Alcohol and other Drugs
EU	European Union
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorder
HIV	Human Immune Virus
NDLEA	National Drug Law Enforcement Agency
STDs	Sexually Transmitted Diseases
WHO	World Health Organisation

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ABSTRACT

The study examined effect of alcoholism in families and children welfare in Kabale Municipality, Uganda in Kabale municipality Kabale District. It was guided by four objectives which included; examining the causes of maternal alcoholism, to examine the effect of maternal alcoholism on socio-economic status of the family, to establish the relationship between maternal alcoholism, socioeconomic status and children's moral welfare and to establish possible strategies for mitigating maternal alcohol abuse and enhance children's moral welfare. The study used a case study research design. The sample size that was used in this investigation was 59 respondents. The study adopted purposive sampling and snowball sampling as sampling techniques. The data collection methods included in depth interviews, focus group discussion method and documentary review. The study revealed that the causes of alcoholism are high alcohol prevalence as reported, lack of a clear alcohol policy, cultural and traditional ceremonies, poverty that causes redundancy. The study findings showed that alcoholism affects socioeconomic status of the family through strained relationships as a result of physical confrontations. The study findings reported that alcohol usage negatively affects welfare of Families through domestic violence, loss of responsibility on family most of the people involved in alcohol have lost responsibility on families such as providing scholastic materials, food. The study findings further showed that the possible strategies for mitigating maternal alcohol abuse where it was reported that it can be mitigated by providing support through education. The study concludes that the alcohol prevalence on both local and manufactured alcoholics drinks accounts for high levels of alcohol use in industrial division. Alcohol usage negatively affects welfare of families in Kabale municipality through increased domestic violence and crime committed. There is need for sensitization of masses on negative effects of alcohol usage on family welfare. The study recommends that there is need for policies to place greater emphasis on parental alcohol misuse as distinct from other types of substance use. Policy documents focusing on family and child related issues should make reference to the impact of 'hidden harm' on children and young people's outcomes. Establishment of training programs for medical and social workers who can identify and provide the necessary counseling and advice to women who engage in hazardous, harmful or dependent alcohol consumption.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter is about the introduction of the study. It comprises the background, research problem, purpose of the study, objectives of the study, research questions, and scope of the study, significance of the study, conceptual framework, theoretical framework and definitions of key terms.

1.1 Background of the study

Globally, in general the estimated prevalence of alcohol use during pregnancy was 9.8%, and in Southern Africa this figure was 6.6%, including South Africa (13.2%). These estimates are largely based on local surveys, which ranged (e.g. for South Africa) from 3.2% and 6.5% to 20.4% and 42.8%.

The consumption of alcohol is a complex issue. On the one hand, alcohol has been part of Europe's culture and everyday life in many countries. In this regard, it is considered a means of socializing, relaxing and celebrating pleasurable life events and is often part of the local food culture. On the other hand, imprudent or excessive alcohol consumption can cause addiction and ill health. Alcohol consumption can endanger one's own life or that of others through risky behaviour, such as causing traffic accidents, aggressive behaviour unsafe sex, rape and unwanted pregnancy. Alcohol consumption during pregnancy can harm the unborn child.

Various issues surround alcohol consumption throughout Europe. Large cross national variation exists with regard to drinking cultures. A study of 17,000 people found that alcohol habits in Europe are changing.

The 2011 European School Survey Project on Alcohol and other Drugs (ESP AD), surveyed 15 and 16 year olds in 36 European countries. The survey shows that "heavy episodic drinking" in the last 30 days has increased most in young girls with averages up from 29% in 1995 to 41 % in 2007. Alarmingly, the gender gap has shrunk on average from 12% in 1995 to 5% in 2011 with regard to binge drinking among youth.

Africa, a diverse continent containing 54 countries and over one billion inhabitants. According to the most recent Global Status Report on Alcohol and Health, individuals 15 years of age and older in the WHO African Region (includes all countries on the African continent except for Djibouti, Egypt, Libya, Morocco, Somalia, Sudan and Tunisia, which are categorised as the WHO Eastern Mediterranean Region) consume on average 6.0 l (4.2 l recorded and 1.8 l unrecorded) of pure alcohol per year (16.4 ml/day). This is close to the world average of 6.2 l/year, which translates to just over one international standard drink of alcohol (15.2 ml) per day.

Among women, per capita alcohol consumption (4.4-6.2 l of pure alcohol per person per year) in the WHO African Region is highest in Burundi, Gabon, Namibia, Nigeria, Rwanda and Uganda; it is lowest in countries of Northern Africa, which are predominantly comprised of people who identify as Muslim and therefore have very high lifetime abstention rates- >88%. Among women who consume alcohol, the level of alcohol consumption is extremely high ranging from 17.7 to 24.5 l of pure alcohol per capita per year (observed in Chad, Namibia, Uganda and Ethiopia), which is amongst the highest in the world

The effects of socioeconomic circumstances are likely to vary depending on the phase of life in which they are experienced. In particular, prior studies investigating this topic have suggested that such effects are most pronounced during preschool years. The reason for this may be that poverty interferes with the processes that lead to school readiness. Moreover, childhood SES is not the only aspect that has an impact on developmental outcomes and mental health in childhood, as hardships during childhood are also likely to be critical for explaining differences in developmental outcomes and mental health later in life. For instance, exposure to poverty during childhood appears to have a greater detrimental impact on childhood social and cognitive ability than experiencing poverty later in life (Duncan, et, al, 1998).

In Uganda, maternal drinking problems frequently occur in the context of paternal drinking problems and maternal drinking may actually be a proxy for 'two alcoholic parents. Maternal alcohol abuse has a lasting and apparent effect on all young children. All forms of violence measures (witnessing family violence, parental abuse, involvement in physical fights, child neglect, threatened or injured with weapon, and rape) were frequently reported.

In Kabale municipality specifically in Kirigime ward, there are a number of women who abuse alcohol and due to this problem, their children cannot access better education, have no access to good food and clothing and most of them have turned into street kids while others spend time working for small money in order to earn a living. Maternal alcohol abuse Kirigime has also had significant costs upon alcohol abusing households; one of its most detrimental may be its negative effect upon the children that grow up with alcoholic parents. These children are at-risk for academic, personality, and social deficits, along with a higher chance of suffering from psychopathology.

Alcohol-abusing mothers and their children in Kirigime Ward, Kabale Municipality are a vulnerable, understudied, and underserved population. Maternal alcohol use is associated with parenting problems which may lead to poor mother-child relationships. Further, children of alcohol-abusing mothers are at risk of experiencing several negative behavioral, social, and mental health-related outcomes.

1.2 Problem statement

Alcohol consumption is a problem in that, it prevents people from taking full their role and functions in development. Since Uganda and the world at large do not approve excessive drinking of alcohol that factor alone makes it difficult for development. There is evidence that alcohol consumption in Uganda accounts for a high concern on the negligence and deteriorating nature of the family welfare. WHO report (2012) notes that families with high prevalent alcohol levels possess difficulties in education, health, feeding which has struck the families and account for irresponsible households that cannot compete for development. Therefore, the core of the study is to establish the alcoholism in families and children welfare in Kabale Municipality, Uganda.

1.3 Objectives of the study

1.3.1 General objective

To establish the effect of alcoholism in families and children welfare in Kabale Municipality, Uganda.

1.3.2 Specific objectives

- i. To assess the salient causes of alcoholism in Kabale municipality
- ii. To examine the effects of alcoholism on family welfare in Kabale municipality
- iii. To establish possible strategies for mitigating maternal alcohol abuse and enhance children's moral welfare in Kabale municipality

1.4 Research questions

- i. What are the salient causes of alcoholism in Kabale municipality?
- ii. What are the effects of alcoholism on family welfare in Kabale municipality?
- iii. What are the possible strategies for mitigating maternal alcohol abuse and enhance children's moral welfare in Kabale municipality?

1.5 Scope of the study

1.5.1 Content scope

The researcher carried out the study on alcoholism in families and children welfare in Kabale Municipality, Uganda. The study mainly examined the salient causes of alcoholism, the effects of alcoholism on family welfare, and to establish possible strategies for mitigating maternal alcohol abuse and enhance children's moral welfare in Kabale municipality.

1.5.2 Geographical scope

The study was carried out in Southern division, Kabale Municipality, Kabale District. This place was considered because there is high rate of alcohol consumption by women in the area and so the researcher wanted to know how this affects the moral welfare of their children.

1.5.3 Time scope

The study based on respondents who have been abusing alcohol for the period of ten years (between 2010-2020). This time period was considered because it is the time when there were many incidences of high alcohol consumption.

1.6 Significance of the study

Findings from the study may help policy makers identify particular strengths for them to build on in the fight against a maternal alcohol abuse. But most importantly perhaps, it will bring about a better understanding of the effect of maternal alcohol abuse on the moral welfare of children so that possible strategies are put in place to address it. .

The findings of this study may help social worker to understand the basic social work practices and their implications on the well-being of children. It will thus provide a basis on which social workers can build to provide counseling and advices in order to reduce alcoholism.

As it is with all research work, there are always gaps, so to academicians and researchers, the study will help to generate more intensive knowledge for further research by students who will have interest in the same subject.

In addition, findings of the study will contribute knowledge on the effects of alcohol consumption by women on the family in regard to the key roles that they perform in homes. It will also contribute to the ongoing efforts and researches on alcohol abuse.

1.7 Operational definition of terms

Maternal alcohol abuse: This refers to the misuse/excessive consumption of alcohol by women that result in harm to one's health, interpersonal relationships or ability to work

Children's wellbeing: In this study, children's wellbeing refers to the situation in which children access basic needs for their development.

Alcohol policy: This refers to legal/bye-laws govern production or consumption of alcohol

Moral welfare: is concerned with or relating to human behaviour, esp. the distinction between good and bad or right and wrong behaviour.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter is concerned with the review of information that had earlier been written down by different scholars on related topics. The literature in this section was basically derived from the works of the previous researchers and scholars, observations and experiences as noted in textbooks, journals and other related information in the same line and order with the objectives of this study.

2.1 The salient causes of alcoholism in Kabale municipality

Women play a central role in the family. Norton, (2005) summarize these central roles of women into parents, care providers, mothers and wives. Wilsnack, Wilsnack and Klassen (2004) asserts that, since these roles are multiple, they act as guard against alcohol consumption in women especially to those that are married. They therefore argue that the married may have lower rates of alcohol consumption than those that are single, separated or divorced, due to that extra role that they have of being a wife.

Heath, Jardine & Martin (2009) suggest that, the single women with fewer roles do not drink because they have more free time, but rather to cope with the stresses of their status. They also lack the protective effects of marriage, wherein spouses provide social support and actively discourage their partners' heavy drinking. However, marital status may influence a woman into alcohol consumption. Akanidomo, et al. (2005) in a study conducted in Nigeria observed that married women reported having been influenced to drinking by their spouses and there existed strong similarities between them and their partner's drinking.

Dawson and Archer (2012) states that people with higher incomes are likely to drink high volumes of alcohol because they can afford it. Neve & Mustonen (2001) held that as women gradually acquire equal rights in work and social situations, so is their propensity to drink in equal amounts and in the same manner as men, though this may not explain changes in drinking patterns of non-working women. This study focused on women who are informally employed and set out to establish whether their humble occupations offered the economic liberty that provoke alcohol consumption in employed women. Furthermore, a study conducted by Benegal,

Gururaj & Murthy (2013) in India, implicated changes in social status and economic independence in women's drinking patterns, which are associated within crease in levels of education and employment/income. The search for employment may add to the distress that enhances the attractions to excess alcohol consumption (Ndom & Adelekan, 2019). The study set to find out if the search for employment played a role in alcohol consumption amongst mothers who sti 11 had so many other duties to perform at home.

Gustafsson et al. (2011) have a different view regarding employment and argue that the reason the employed abuse alcohol is due to the stress they face due to their dual role as bread winner and their household roles. To cope with this, alcohol at the end of the day becomes the perfect antidote to their stressful lifestyle of a career, family, children, home commitments and other pressures (ibid). Using a role overload explanation, Fillmore (2017) implies that, family roles are even more likely to be a source of increased distress resulting in higher alcohol abuse than any other women's roles. In addition, mothers take primary responsibility in homes while fathers may only have partial responsibility (Chinweizu & Onsucheka, 2010). The study sought to find out if women in informal employment and stay at home mothers who do not have dual roles indulged in alcohol abuse.

There is lack of a clear alcohol policy. The commercial sale of traditionally produced spirits is regulated by the Liquor-licensing Act of 1964 which forbids the sale and consumption of crude waragi (local potent). The Act forbids unlicensed Enguli manufacturing and distilling. Any one selling or consuming crude waragi is committing an offence. This law is outdated, weak and rarely, if ever, enforced. Most households produce some alcohol, at least intermittently for home consumption. Legal enforcement of laws against alcohol production is weak, in part because police and Local Councils are sometimes among the brewers or alcohol customers (Barton& Wamai 2004). There is no law to regulate alcohol producers from unfair advertisement. A lot of advertising revenue in the media, both electronic and print, and support to sports is mainly from advertisements from the breweries. Furthermore, Tumwesigye and Kasi rye (2015) states that consumption of factory beer is mainly from urban dwellers and brand switching is limited by factors that include price, benefits of alcohol content, friends, other entertainment including hosting local and outside musicians, family members, income bracket, past experience and advertising.

Kigozi & Kasirye (2017) also asserts that lack of effective laws together with social, cultural and economic factors has created a fertile environment for alcohol abuse. In agreement with this, Uganda unlike other countries such as Rwanda, alcohol is consumed from morning till evening due to the fact that there is no strict law enforcement officers since these officers are also among alcohol abusers. This is a common problem especially in rural areas and slum areas. For instance in trading centres such as Nyakambu people especially desperate women take alcohol which affects their family welfare.

There are no time and place restrictions in Uganda for hours of sale of alcohol, days of sale, and places of sale and density of outlets. There are no regulation of alcohol producers and their advertisement or sponsorship practices. Breweries sponsor a lot of sporting events, promotional events, and advertise on billboards and mass media which indiscriminately reach minors and adults alike. The legal age limit for purchasing alcohol is 18, yet this law is rarely enforced. Although there is a legal blood alcohol limit for driving, the level of enforcement is very limited due to lack of equipment that measures alcohol content in breath or blood (Global Status Report, 2014).

The consumption of alcoholic beverages has a long history in Uganda dating back to the precolonial period. Alcohol was produced for purposes of ritual and communal associations. Beer was not drunk at any time but only during clearly defined social and ritual occasions mostly during harvesting, funerals, weddings and cleansing ceremonies. The consumption of alcohol was the preserve of elders and men. It was less common among youth and women (Rutabajuka 1992 cited in Tumwesigye and Kasirye 2015). Boys would only be allowed to drink alcohol on attaining maturity and this was after marriage. There was clear division of labour between sexes in the production and consumption of alcohol. The production, consumption and distribution of locally made alcohol were controlled primarily by chiefdom elites. Furthermore, Tumwesigye and Kasirye (2015), alcohol use in Uganda is quite often regarded as a social requirement. Alcohol is a central part of social and cultural events such as death, birth, and marriage and circumcision ceremonies. Alcoholic beverages are widely consumed by all people; male and female, young and old.

In relation to the above, Sutton, (2011) states that alcohol carries a lot of cultural significance; it is used on social occasions and also in religious ceremonies throughout the world. In some countries it is frowned upon; in others, banned altogether. Reasons for drinking range from a need for relaxation, for pleasure, and to accompany celebrations, to „drowning of sorrows“, to habit, followed by compulsion in some cases. Culture and social customs often encourage alcohol use in a diversity of social purposes (Kinney, 2006). Alcohol has been historically used for settling disputes, evoking courage in a battle, contract resolution, festivities or celebrations, and as an aphrodisiac (Pacific Academy of the Healing Arts, 2010).

According to alcohol issues in Finland after accession to the EU (2016) when rate of unemployment is high, it is more difficult to control alcohol use and its consequences. This shows that for alcohol use to be eradicated, social problems must be addressed. When social and emotional factors are activated, such as in the presence of peers or when levels of excitement are high, young people are less able to think about and alter their behaviour in response to high-risk situations (Steinberg, 2008). This theorising suggests that efforts to prevent and minimise harms associated with alcohol misuse among young people need to focus on factors that increase the likelihood of young people engaging in risk-taking behaviour, as well as on changing individual knowledge and behaviour. For example, private parties increase the opportunities for risky behaviour because there may be access to alcohol in the presence of peers, together with reduced parental monitoring.

2.2 The effects of alcoholism on family welfare in Ka bale municipality

For many people in Uganda, there is a low perception of the risks of alcohol consumption. While many may be aware of the harmful effects of alcohol, they believe that those who experience the problems are only the alcoholics. Also, the limits/level of what is safe and unsafe is not known by most people. For many people, the facts about alcoholism are not clear. What is alcoholism. exactly? How does it differ from alcohol abuse? Alcohol abuse is a pattern of drinking that result in harm to one's health, interpersonal relationships or ability to work. Certain manifestations of alcohol abuse include failure to be fulfil responsibilities at work, school or home: drinking in dangerous situations such as while driving; and continued drinking despite problems that are caused or worsened by drinking. Most people when asked about the effects of alcohol, they

generally refer to feelings or experiences either at the time of drinking or shortly afterwards. Alcohol has the following effects (Tumwesigye and Kasi rye 2014)

Alcohol is associated with its ability to offer some form of relaxation. It was observed that alcohol had a positive effect on people's moods and helped them to reduce stress. Alcohol offered temporary relief from problems. Participants reported that if one drank under the pressure of problems, the alcohol would help them forget. Alcohol is also a major ingredient in relaxation, and leisure. It enabled people to have fun and loosen up Tumwesigye and Kasirye 2014).

According to Anne L. Pithey & Neo K. Morojele (2012) alcohol has Impact on physical and mental health. Alcohol use - and particularly, excessive use could have a detrimental impact on an individual's health and quality of life. It is believed generally health problems associated with excessive alcohol consumption may occur. The effect of alcohol on the brain is associated with memory loss, mental illness, cancer and inability to think and act colierently and independently. Other diseases attributed to alcohol included lung disease, heart disease, red eyes and lips, liver disease, darkening feet, nerve problems exhibited by uncontrollable trembling, loss of appetite and corresponding weight loss. Alcohol abuse can lead to alcohol dependence. Alcoholism or alcohol dependence or is a diagnosable disease characterized by several factors including, loss of control and continued use despite harm or personal injury, the inability to limit drinking, physical ill ness and withdraw symptoms when drinking stops such as nausea, sweating, shakiness, and anxiety. and the need to increase the amount drunk in order to feel the effects of alcohol. It is estimated that alcohol causes the suffering of various kinds' problems, emotional, etc to at least 70% of the population of Uganda. Either (directly or indirectly. Health Alcohol can affect nearly every organ in the body. A number of diseases are wholly attributable to alcohol. Drinking can impair how a person performs as a parent, a partner as well as how (s) he contributes to the functioning of the household. It can have lasting effects on their partner and children, for instance through home accidents and tolence, Children can suffer Fetal Alcohol Spectrum Disorders (FASD), when mothers drink during pregnancy

After birth, parental drinking can lead to child abuse and numerous other impacts on the child's social. Psychological and economic environment (Mbulaiteye, 2010). The impact of drinking on family life can include substantial mental health prolesis of other family members, such as anxiety, fear and depression. Drinking outside alcoholic can iwan less time spent at home. The

financial costs of alcohol purchase and medical treatment, as well as lost wages can leave other family members destitute. When men drink it often primarily affects their 10 mothers or partners who may need to contribute more to the income of the household and who run an increased risk of violence or HIV infection (Bamuhigire, 2017).

The economic consequences of alcohol consumption can be severe, particularly for the poor. Apart from money spent on drinks, heavy drinkers may suffer other economic problems such as lower wages and lost employment opportunities, increased medical and legal expenses, and decreased eligibility for loans. A survey in Sri Lanka indicated that for 7% of men, the amount spent on alcohol exceeded their income (Ovuga and Madrama, 2016). Alcohol plays a role in a substantial number of domestic violence incidents, especially in the case of abusing husbands. Often both the offender and the victim have been drinking. The relationship between alcohol and domestic violence is complex and the precise role alcohol remains unclear. Heavy drinking has been strongly linked to violence heathen partners and to a lesser extent to violence towards others, possibly because proximity increases the opportunities for violence Global status report, 2016).

Studies conducted for instance in Nigeria, South Africa, Uganda. India, and Colombia show that a large fraction of reported domestic violence incidents is related to alcohol use by the male partner. For instance, in Uganda, 52% of the women who recently experienced domestic violence reported that their partner had consumed alcohol, and in India. 33% of abusing husbands ~'ere using alcohol. There is a need to better understand the possible role of alcohol ntoxication or dependence in the processes through which incidents escalate into violence. There is little doubt that alcohol consumption has many social consequences, but more liable is needed to enable meaningful comparisons between countries (Global Status Report on Alcohol, 2014).

2.3 The possible strategies for mitigating maternal alcohol abuse and enhance children's moral welfare in Kabale municipality

The youth are a risk group as far as alcohol use and abuse. The age of starting to drink alcohol is getting lower every year. Both youth in school and particularly those out of school (homeless. street children, children who live in slums, etc ...) consume too much alcohol and abuse other drugs. Recommended approaches to promoting responsible drinking behaviour among the youth are peer-to-peer education. Peer-to-peer prevention approach should occasionally he reinforced

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by public film and drama shows. One recommended approach for the youth is to begin with discussions to understand their opinions, their be with and what they consider to be benefits vs. negative consequences of alcohol abuse Tumwesigye 2013.

Drinking alcohol may offer some health benefits, especially for your heart On the other hand, alcohol may increase your risk of health problems and damage your heart. So which is it? When it comes to drinking alcohol, the key is doing so only in moderation. Certainly, you don't have to drink any alcohol, and if you currently don't drink, don't start drinking for the possible health benefits. In some cases, it's safest to avoid alcohol entirely the possible benefits don't outweigh the risks. Moderate alcohol consumption may provide some health benefits. It may: Reduce your risk of developing and dying from heart disease, Possibly reduce your risk of ischemic stroke (when the arteries to your brain become narrowed or blocked, causing severely reduced blood flow, Possibly reduce your risk of diabetes Even so, the evidence about the possible health benefits of alcohol is not certain, and alcohol may not benefit everyone who drinks (Wolff, Busza, Bufbmbo, Whitworth, and Addiction, 2016).

If you choose to drink alcohol, do so only in moderation. For healthy adults, that means up to one drink a day for women of all ages and men older than age 65, and up to two drinks a day fir men age 65 and younger. Moderate alcohol use may be of most benefit if you're an older adult or if you have existing risk factors for heart disease. If you're a middle-aged or younger adult, some evidence shows that even moderate alcohol use may cause more harm than good (Tumwesigye and Kasirye, 2013).

Families can have a powerful influence on shaping the attitudes, values and behavior or children, but how do they compare with peers in terms of influence on drug taking. The influence or peer groups, which is usually strong during formative years of youth, may be stronger than that of parents in some cases. One researcher has found that friends are more similar in their use of marijuana than in any other activity or attitude. In this situation, drug use by peers may exert a greater influence than the attitudes of parents. This researcher observed that peer and parental influences are synergistic, with the highest rates of marijuana use being observed among adolescents whose parents and friends were drug users. Other investigators, however, have found that peers have a high degree of influence only when the parents have abdicated their traditional

supervisory roles. Hence, parents exercising traditional family roles may be able to limit the influence of peer groups on children's attitudes towards drug use and therefore have a crucial influence on children's behavior. Prevention of drug problems can employ knowledge about family dynamics to address personal and social concerns of family members that otherwise would lead to drug abuse, both with respect to dysfunctional as well as intact families. In this regard, it is important to avoid assuming "either that parents are invariably responsible for the problems experienced by their children or that substance users can be blamed for all the problems experienced by the families in which they live Bandura, (2018).

Contingency Management Programs Learning theorists believe that our behavior is shaped by rewards and punishments. Consider how virtually everything you do, from attending class to stopping at red lights to working for a paycheck, is influenced by the flow of reinforcements or rewards (money, praise, approval) and punishments (traffic tickets, rebukes). Contingency management (CM) programs provide reinforcements (rewards) contingent on performing desirable behaviors, such as producing drug-negative urine samples (Peters, et al, 2015; Poling et al., 2016; Roll et al., 2016). In one example, one group of patients had the opportunity to draw from a bowl and win monetary rewards or prize money (rewards) ranging from \$1 to \$100 in value (Petry & Martin, 2012). The monetary reward was contingent on submitting clean urine samples for cocaine and opioids. On average, the contingency management (reward) group achieved longer periods of continual abstinence than the standard methadone treatment group. Investigators are finding that even modest rewards for abstinence can help improve therapeutic outcomes in treating substance abusers (Higgins, Heil, & Lussier, 2014; Higgins, 2016).

Social skills training help people develop effective interpersonal Responses in social situations that prompt substance abuse. Assertiveness training, for example, may be used to train alcohol abusers to fend off social pressures to drink. Behavioral marital therapy seeks to improve marital communication and problem solving skills with the goal of relieving marital stresses that can trigger abuse. Couples may learn how to use written behavioral contracts. For example, the person with a substance abuse problem might agree to abstain from drinking or to take Ant abuse, while the spouse agrees to refrain from commenting on past drinking and the probability of future lapses. Evidence suggests that social skills training and behavioral marital therapy are useful in treating alcoholism (Finney & Monahan, 1996; O'Farrell et al., 1996). According to the

disease model of alcoholism, people who suffer from the disease that have just one drink will lose control and go on a binge. Some professionals argue that behavior modification self-control techniques can teach many people with alcohol abuse or dependence to engage in controlled drinking to have a drink or two without necessarily 1 ~al line off the wagon (Beauvais,; Oetting,; and Edwards, (2013).

This contention remains controversial, the proponents of the disease model of alcoholism, who wield considerable political strength strongly oppose attempts to teach controlled social drinking. Controlled drinking programs may represent a pathway to abstinence for people who would not otherwise enter abstinence-only treatment programs (Marlatt et al., 1993). That is, a controlled drinking program can be a first step toward giving up drinking completely. By offering moderation as a treatment goal, controlled drinking programs may reach many people who refuse to participate in abstinence-only treatment programs (Marlatt et al., 1993).

In the accompanying Controversies in Abnormal Psychology, Mark and Linda Sobel\ speak about what it was like to be in the eye of the storm of controversy over the issue of controlled drinking. Berry, (2005) observes that the use of counselors from the client's own ethnic group is an example of a culturally sensitive treatment approach. Culturally sensitive programs address all facets of the human being, including racial and cultural identity, that nurture pride and help people resist the temptation to cope with stress through chemicals (Rogan. 1986). Culturally sensitive treatment approaches have been extended to other forms of drug dependence, including programs for smoking cessation (Nevid & Javier, 1997; Nevid, Javier, & Moulton, 1996). Treatment providers may also be more successful if they recognize and incorporate indigenous forms of healing into treatment. For example, spirituality is an important aspect of traditional Native American culture, and spiritualists have played important roles as natural healers. Seeking the assistance of a spiritualist may improve the counseling relationship.

CHAPTER THREE

METHODOLOGY

3.0. Introduction

In a research activity, the methodology outlines the research process and instruments that helped to achieve the research purpose. This chapter shows the research design, study population, sample size, sampling techniques, data sources, data collection methods, data collection instruments, validity and reliability, data collection procedure, ethical considerations and limitations of the study.

3.1. Research Design

The study used a case study research design. A case study design was used because emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. The study was descriptive in nature in order to create a detailed description of the phenomenon. The study employed both quantitative and qualitative approaches. The quantitative approach was used to quantify incidences in order to describe current conditions and to investigate the problem using information gained from the questionnaires. The qualitative approach was used to explain the events and describe findings from interviews, focus group discussions and documentary review. Qualitative approach was also applied because it is the most appropriate approach to studying the social realities through multiple tools of data collection that are qualitative in nature.

3.2 Study population

The target population for the study was 59 and it comprised of women between 19 to 50 years, children between 10-18 years and local council leaders of Kirigime Ward, Kabale Municipality. Since with the help of any local council leader, the researcher first identified women who were alcohol abusers and children of those women. This was done with the help of the LCI chairman of Kirigime Ward since he knew his people and those women who take too much alcohol.

3.3 Sample Size

The sample size that was used in this investigation was 59 respondents. The selection of this sample size was arrived at using sample size determination table developed by Morgan and Krejcie (1970).

The sample size and how was divided is shown in table 3.1 below;

Table 3.1: Sample size and composition

Category of respondents	Population	Sampling techniques	Justification
Women alcohol abusers	35	Snowball sampling	They highly consume alcohol
Children	20	Purposive	Mature to respond to the questions asked by the researcher
Local council leaders	4	Purposive	Provide counselling services to alcohol abusers
Total	59		

Source: Krejcie & Morgan table, (1970)(Appendix G)

3.4 Sampling techniques

There are several sampling techniques that were employed in determining the sample to be used in the research. For this study however, purposive sampling was employed in the study to select the sample.

3.4.1 Purposive sampling

The researcher used purposive sampling to select 5 local council leaders and 20 children as shown in the above table. This technique was employed because the researcher considered it to be central in including respondents having the information she required on maternal alcohol abuse and children's wellbeing in Kirigime Ward. Since alcohol abused mothers have some children who are too young to provide data for this study, the researcher preferred purposive sampling so as to include only those children who are mature and can provide data for the study.

3.4.2 Snowball sampling

Snowball sampling techniques was also used by the researcher because it uses a small pool of initial informants to nominate, through their social networks. Using this technique, 34 women who are alcohol abusers were selected using snowball sampling. Each woman/ respondent identified another respondent who was involved in the same act until a sample of 35 women alcohol abusers is reached. This helped in selecting respondents with information on the subject. These respondents were considered because of being too much alcoholic and they can provide valid, dependable and sufficient data for the study.

3.5 Sources of data

3.5.1 Primary source

This is where data is obtained from the respondents. This data is called primary data. The data was collected through interviews and focus group discussion. The questionnaires were administered to selected respondent depending on the availability of time for filling the questionnaire.

3.5.2 Secondary source

Secondary data for this study was collected through review of documentary sources in which books, annual reports, journal articles, internet, magazines, newspapers and books related to the subject of the study were consulted at length to extract the information required to support the findings from the study respondents.

3.6 Data collection methods

3.6.1 In depth interviews

The researcher used in-depth interviews in gathering data. These were preferred for this study because they are more effective in both quality of information obtained and efficiency during the interview process. They also enhance consistency since all respondents are treated the same and make comparison between responses possible since the same questions and response evaluation options are used. Fairness was also enhanced because all respondents were treated objectively.

3.6.2 Focus group discussion method

Focus group discussion is a method that collects information through group interaction on a topic designed by a researcher. In the Focus Group Discussions (FGDs), ten women were selected purposively to participate in the discussion. With the researcher acting as a moderator, one discussion was conducted. This enabled the researcher to gather general views, emotions, feelings, perceptions and beliefs of women alcohol abusers on maternal alcohol abuse and children's wellbeing.

3.6.3 Documentary review method

Available documents and reports about the study were visited as a source of secondary data in order to obtain background information of the linkages between the two variables. Documentary review was used to help the researcher fully understand the issues about the topic. This was done through reviewing of published documents, internet, textbooks and journals.

3.7 Data collection instruments

3.7.1 In depth interview guide

The interview guide is a research instrument that contains a list of questions the researcher asks the participants during the interview in order to obtain firsthand information about the subject. The data in this case was collected from some respondents who were not able to write and have no time to fill the questionnaire. The researcher designed structured questions and face to face interviews were conducted using logically related questions. Interviews were used because they were simple and firsthand information was obtained.

3.7.2 Focus group discussion guide

During the discussion, focus group discussion guide was used by the researcher to put the interviewer and interviewee on track. Ten women were gathered in one place by the researcher and using focus group discussion guide, one FGD with them were conducted. Questions on the focus group discussion guide were asked and responses from respondents were recorded. Women to participate in the study were purposively selected in order to capture information based on respondents' independent opinion and perceptions regarding the subject matter during focus group discussions.

.7.3 Documentary guide

1..vailable documents and reports about the study were visited by the researcher as a source of :secondary data in order to obtain background information of the linkages between the two ;ariables. Documentary review was used by the researcher to help him fully understand the ssues about the topic. This was done through reviewing of published and unpublished theses, internet, textbooks and journals.

3.8 Data collection procedure

The researcher first obtained an official letter from Kabale University, the Department of Postgraduate which was submitted to the LC3. The purpose of the study and eligibility criteria to participate in the study was explained briefly to the LC3 so that he/she may help her to get in touch with the respondents who fulfilled the requirements to participate in the study. After granting permission to conduct the study, the researcher proceeded to collecting data by distributing questionnaire, carrying out interviews and focus group discussion.

3.9 Data analysis and presentation

After successful retrieval of filled in questionnaires and conducting of interviews and focus group discussion, raw data was edited and coded and data analysis was done using descriptive statistics. In quantitative analysis, outcomes were presented as frequencies and percentages using tables as a primary analysis. In qualitative analysis, content analysis was used to edit the data and reorganize it into meaningful shorter sentences. This was then presented as quotations to supplement the quantitative data in order to have a clear interpretation of the results.

3.10 Ethical considerations

The researcher obtained an introductory letter from the head of department social work and social administration at Kabale University which was presented to the principal assistant town clerk who permitted the researcher to conduct the study.

The ethical consideration and other future concerns were explained on the first meeting with the respondents. During clarification of the study purpose to the respondents, those who refused to be part of the study were given full right to withdraw from the study. In this session an informed consent was obtained from study participants prior to the interview. The anonymity,

confidentiality and the right to withdraw from the study were some of the issues the researcher took into account in the research process.

3.12 Limitations

During the research study, some challenges were encountered among which include the following.

Information concealment; this come about by the respondents mistaking me and lack the necessary documents on the research topic. The researcher tried her best to explain to the respondents the purpose of the study and showed them that there is no harm.

Most respondents did not have time to answer questions yet this was the core of the study. This was so because of fear or unwillingness. The researcher asked new appointment and came back to respondents.

Some people were not willing to fill out the questionnaires and wanted to be paid. The researcher sat with them, tried to create friendship and built constant relationship, this helped them understand the importance of this study for their community.

CHAPTER FOUR

DATA INTERPRETATION, ANALYSIS AND PRESENTATION 4.0

Introduction

This chapter presents the study findings. These findings are organized according to themes derived from the objectives of the study as follows: the bio data of the respondents, to examine the causes of alcoholism in Southern Division Kabale municipality, to examine the effect of alcoholism on socio-economic status of the family in Southern Division Kabale municipality, and to establish possible strategies for mitigating alcohol abuse and enhance children's moral welfare.

4.1 Respondents bio-data

4.1.1 Age

Table 2: Respondents age

Age in years	Frequency	Percentage
10-18	00	00
19-27	00	00
28-36	19	32
37-45	23	40
46-54	09	15
55-63	08	13
Total	59	100

Source: Field data 2023

Age was considered important because according to scholars, it has a dimension in abstinence, consumption or alcohol dependence. From table 4.1, majority of women respondents (40%) were aged 37-45 years, this was followed by 32% who were between 28-36 years, 15% ranged between 46-54 years whereas 10% of the women respondents were between 55-63 years. The study established that the highest and regular users of alcohol were those aged between 37-45 years and therefore, age of the female respondents seemed to influence alcohol consumption.

4.1.2 Levels of education

Table 3: Respondent's levels of education

Levels of education	Frequency	Percentage
No education	18	31
Primary	29	49
Secondary	11	19
Diploma	00	00
Degree	00	00
Total	59	100

Source: Field data 2023

From table 4.2, the study established that the majority of women respondents who participated in the study had attained primary education and these were represented by (49%), 31 % had no education followed by 19% who had finished secondary. It can therefore be deduced that, women's level of education in this area is low, suggesting a big relationship between low education levels and alcohol consumption.

4.1.3 Marital status

Table 4: Respondents Marital status

Marital status	Frequency	Percentage
Single	19	32
Married	26	44
Widowed	08	14
Divorced/separated	00	1
Total	59	100

Source: Field data 2023

Table 4.3 above shows that majority of women who were interviewed in the study were married accounting for (44%), those who were single were 32%, 10% of the respondents had divorced whereas those who were widowed were 14%.

4.1.2 Levels of education

Table 3: Respondent's levels of education

Levels of education	Frequency	Percentage
No education	18	31
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Secondary	11	19
Diploma	00	00
Degree	00	00
Total	59	100

Source: Field data 2023

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Married	26	44
Widowed	08	14
Divorced/separated	06	10
Total	59	100

Source: Field data 2023

Table 4.3 above shows that majority of women who were interviewed in the study were married accounting for (44%), those who were single were 32%, 10% of the respondents had divorced whereas those who were widowed were 14%.

4.1.4 Religion

Table 5: Respondents Religion

Religion	Frequency	Percentage
Anglican	17	29
Catholic	25	43
Muslim	04	07
Seventh-Day-Adventists	07	12
Others	06	10
Total	59	100

Source: Field data 2023

From table 4.4, it is indicated that 43% of the women who were interviewed were from catholic religion followed by 29% from Anglicans, 10% were from other religions whereas 12% and 07% were from Seventh Day Adventist and Moslem respectively.

4.1.4 Occupation

Table 5: Respondents occupation

Occupation	Frequency	Percentage
Employed	15	25
Peasants	31	53
Bar attendants	13	22
Total	59	100

Source: Field data 2023

From table 4.5, the study established that majority (53%) of women respondents were peasants, 25% of the women respondents were employed while 22% were bar attendants. There was a relationship between the low education levels of the respondents and their occupations whereby, most of them only had a minimum education and lacked skills which could make them employable. We can therefore conclude that these force them to indulge in alcohol consumption.

2 Data presentation

2.1 The salient causes of alcoholism in Kabale municipality

Table 6: Respondents views on the causes of alcoholism in southern division

Causes of maternal alcoholism	Frequency	Percentage
High alcohol prevalence	14	24
Peer pressure	11	19
Lack of a clear alcohol policy	07	12
Cultural and traditional ceremonies	05	08
Poverty that causes redundancy	08	13
Unemployment amongst people	06	10
Persuasive alcoholic advertisements	04	07
Moral degeneration among young people	04	07
Total	59	100

Source: Field data 2023

The above table presents the responses regarding the causes of alcoholism where it was found that there is high alcohol prevalence as reported by 24%, peer pressure 19%, lack of a clear alcohol policy 12%, cultural and traditional ceremonies 08%, poverty that causes redundancy 13%, unemployment amongst people 10%, persuasive alcoholic advertisements 07% and moral degeneration among young people 07%.

4.2.2 The effects of alcoholism on family welfare in Kabale municipality

Table 7: Respondents views on the effects of alcoholism on family welfare in Kabale municipality

Realisation of effect of maternal alcoholism on socio-economic status	Frequency	Percentage
Yes	39	66
No	20	34
Total	59	100

Source: Field data 2023

The above table presents responses regarding whether there is any effect of maternal alcoholism on the socio-economic status of the family and majority of the respondents totaling to 66% said Yes

whereas the least respondents 34% replied No.

Table 8: Respondents views on effects of alcoholism on family welfare in Kabale municipality

Response	Frequency	Percentage
Strained relationships as a result of physical confrontations	17	29
Maternal alcoholism affects child care and upbringing	09	15
Emotional side effects on children	11	19
Confusion due to lack of parental care	07	12
Emotional withdraw from society	07	12
Too much alcohol leads to angeriness and bitterness	08	13
Total	59	100

Source: Field data 2023

The study findings contained in the above table showed that alcoholism affects socio-economic status of the family through strained relationships as a result of physical confrontations 29%, affects child care and upbringing 15%, emotional side effects on children 19%, confusion due to lack of parental care 12%, emotional withdraw from society was reported by 12% and the neurological effects of alcohol and too much alcohol leads to angeriness and bitterness 13%.

4.2.3 Possible strategies for mitigating alcohol abuse and enhance children's moral welfare in

Kabale municipality

Table 11: Respondents views on the possible strategies for mitigating alcohol abuse and enhance children's moral

Response	Frequency	Percentage
Providing support through education	09	15
Setting up income generating projects	05	08
Sensitization of masses on negative effects	09	15
Restrictions/legal interventions	08	13
Religious teaching	04	07

Guidance and counselling	04	07
Psychosocial support services	05	08
Social inclusion of addicts in society	07	12
Improved parenting of children	06	10
Develop a working relationship with victims of alcoholism	02	03
Total	59	100

Source: Field data 2023

The above table presents the possible strategies for mitigating maternal alcohol abuse where it was reported that it can be mitigated by providing support through education as reported by 15%, setting up income generating activities 08%, sensitization of masses on negative effects 15%, restrictions / legal interventions 13%, religious teaching 07%, guidance and counseling 07%, psychosocial support services 08%, social inclusion of addicts in society 12%, improved parenting of children 10% and developing a working relationship with victims of alcoholism 03%.

4.3 Discussion of the study findings

4.3.1 The causes of alcoholism

The findings regarding the causes of maternal alcoholism showed that there was high alcohol prevalence on both local and manufactured alcoholic prevalence account for high levels of prevalence according to 24% of the respondents. Majority responses were that the high prevalence of alcohol account for high levels of its consumption. This was mentioned especially to the young who are able to get alcohol in all places. Peer pressure especially among youths (19%) was a seen a key cause of alcohol among the women in the division, it was said that even those without alcohol background are forced to alcohol, Lack of a clear alcohol policy (12%) there is no clear policy that can illegitimate alcohol consumers especially the youths this has contributed to its high prevalence. This is in line with (Barton& Wamai 2004) who stated that legal enforcement of laws against alcohol production is weak, in part because police and Local Councils are sometimes among the brewers or alcohol customers.

Cultural and traditional ceremonies (08%) among the Bakiga tribe traditional ceremonies like circumcision account for alcohol prevalence that is freely available as Tumwesigye and Kasirye

2005) stated that consumption of factory beer is mainly from urban dwellers and brand witching is limited by factors that include price, benefits of alcohol content, friends, other ntertainment including hosting local and outside musicians, family members, income bracket, ast experience and advertising. In relation to the above, Sutton, (2011) states that alcohol carries

lot of cultural significance; it is used on social occasions and also in religious ceremonies hroughout the world. In some countries it is frowned upon in others, banned altogether.

overty that causes redundancy (13%) poverty and redundancy also make the people to resort to lcohol as an alternative of life. The EU (2006) stated that when rate of unemployment is high, it s more difficult to control alcohol use and its consequences. This shows that for alcohol use to

e eradicated, social problems must be addressed.

Unemployment amongst people (10%) accounts for commitment of time by the people in taking alcohol, Persuasive alcoholic advertisements especially for the industrial alcoholic drinks make people to taste the alcohol (07%) and Moral degeneration (07%) This especially occurs among the youths who apart from having time have no constructed moral fibre that makes them resort to alcohol that would be meant for old people.

4.3.2 The effect of alcoholism on children welfare

The study findings showed that maternal alcoholism affects socio-economic status of the family through strained relationships as a result of physical confrontations 29%, affects child care and upbringing 15%, emotional side effects on children 19%, confusion due to lack of parental care 12% as revealed by Rehms J, Room R, Monteiro M (2003), Alcohol as a risk factor for global burden of disease which makes a person's life to be mentally disturbed and lose of sense which led to depression.

Emotional withdraw from society was reported by 12% as Oscar-Berman et al., (201 6), reported that Impairments in brain and behavior: The neurological effects of alcohol and too much alcohol leads to angriness and bitterness 13%.this is in line with what (Parsons, 2013) observed that a mother who abuses alcohol excessively however makes the children have low self-esteem, feelings of guilt and despair, loneliness, chronic depression, anxiety, stress, aggression and impulsive behavior

4.3.4 The possible strategies for mitigating maternal alcohol abuse and enhance children's moral welfare.

s revealed in table 4.9, 15% of women who participated in this study noted that providing support through education can help to address maternal alcohol consumption. It was noted by respondents that women who lack education become unemployable and therefore, engage in consumption of alcohol such as Waragi, Muramba and Beers. They therefore, felt that the government should offer short courses to enable women acquire skills for them to be incorporated into the formal employment sector. It was reported by 13% of the respondents that there is need for enactment and enforcing the laws regarding alcohol use. WHO (1999), concurred that alcohol reduction strategies include written alcohol policies or legislations that facilitate the reduction of its consumption. Some of these include the European

children said they suffer with many problems as a result of their alcoholic mothers, this indicates a need for informal non stigmatizing support services. For example, a support group for children of alcoholic mothers can provide support, fun and friendship:

The findings further showed that there is need for sensitization of masses on negative effects (15%) it was established that sensitizing masses on the dangers of alcohol will reduce rate of uptake as Olabisi (2006) suggests use of education to raise awareness and modify attitudes about alcohol consumption, improved parenting of children (10%) implying that responsibility and morals in children will reduce alcohol consumption especially among the children or youth. Developed a working relationship with victims of drug abuse (03%) meaning that empowering the alcohol victims to even sensitize others on the harms of alcohol, Creation of income generating activities, this will empower and make busy the alcohol consumers hence reduce the rate of consumption and Social inclusion of addicts in society (08%) the findings imply that there is need for incorporating people of social disorder to communities.

The findings according to the respondents imply that some interventions have been taken in curbing alcohol use in southern division of Kabale municipality. The question is on the effectiveness of the measures that would need further assessment to avert the status quo for development.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

i.0 Introduction

This chapter presents the summary of the findings, conclusion and recommendations to the study and proposed areas for further study.

5.1 Summary of the findings

The study findings regarding the causes of maternal alcoholism showed that there is high alcohol prevalence as reported by 24%, peer pressure 19%, lack of a clear alcohol policy 12%, cultural and traditional ceremonies 08%, poverty that causes redundancy 13%, unemployment amongst people 10%, persuasive alcoholic advertisements 07% and moral degeneration among young people 07%.

The study findings showed that maternal alcoholism affects socio-economic status of the family through strained relationships as a result of physical confrontations 29%, affects child care and upbringing 15%, emotional side effects on children 19%, confusion due to lack of parental care 12%, emotional withdrawal from society was reported by 12% and the neurological effects of alcohol and too much alcohol leads to anger and bitterness 13%.

The study findings reported that alcohol usage negatively affects welfare of families through domestic violence as reported by 15%, crime 08%, loss of resources 12%, loss of responsibility on family most of the people involved in alcohol have lost responsibility on families such as providing scholastic materials, food, shelter and medical treatment 08% and irresponsible child bearing and diseases outbreak 05%. It was further reported by 17% of the respondents that maternal alcoholism results into drug abuse by the children, violence and aggression 07%, increases emotional problems 12%, it leads to psychological and emotional defects 07% and it makes the children unable to establish a sense of normalcy as reported by 08% of the respondents.

The study findings further showed that the possible strategies for mitigating maternal alcohol abuse where it was reported that it can be mitigated by providing support through education as reported by 15%, setting up income generating activities 08%, sensitization of masses on

negative effects 15%, restrictions / legal interventions 13%, religious teaching 07%, guidance and counseling 07%, psychosocial support services 08%, social inclusion of addicts in society 12%, improved parenting of children 10% and developing a working relationship with victims of alcoholism 03%.

5.2 Conclusion

Alcohol prevalence on both local and manufactured alcoholic drinks accounts for high levels of alcohol use in industrial division. Alcohol usage negatively affects welfare of families in Kabale municipality through increased domestic violence and crime committed. There is need for sensitization of masses on negative effects of alcohol usage on family welfare.

5.2.1 The causes of maternal alcoholism

The study findings regarding the causes of maternal alcoholism showed that there is high alcohol prevalence, peer pressure, lack of a clear alcohol policy, cultural and traditional ceremonies, poverty that causes redundancy, unemployment amongst people, persuasive alcoholic advertisements and moral degeneration among young people.

5.2.2 Effect of maternal alcoholism on socio-economic status

The study findings showed that maternal alcoholism affects socio-economic status of the family through strained relationships as a result of physical confrontations, affects child care and upbringing, emotional side effects on children, confusion due to lack of parental care, emotional withdraw from society and the neurological effects of alcohol and too much alcohol leads to angriness and bitterness.

5.2.3 Possible strategies for mitigating maternal alcohol abuse and enhance children's

moral

The researcher came to a conclusion that the possible strategies for mitigating maternal alcohol abuse are providing support through education, sensitization of the masses on negative effects of alcoholism, restrictions / legal interventions, social inclusion of addicts in society, setting up income generating projects, psychosocial support services religious teaching, guidance and counseling and developing a working relationship with victims of alcoholism.

3 Recommendations

Government

There is a need for policies to place greater emphasis on parental alcohol misuse as distinct from other types of substance use. Policy documents focusing on family and child related issues should make reference to the impact of 'hidden harm' on children and young people's outcomes.

Establishment of training programs for medical and social workers who can identify and provide the necessary counseling and advice to women who engage in hazardous, harmful or dependent alcohol consumption.

Workplace policies and alcohol related interventions should target parents who may be stressed or under pressure at work. These interventions could provide alternative methods for dealing with stress (e.g. sports, work based counseling, mentoring, courses on building resilience) and make parents aware of the effects of consumption on their children's outcomes.

Providing economic opportunities to young girls: alcoholism and failure to cater for the family is one of the major factors underpinning marriage and children. Efforts to improve the access of young married and non-married girls to economic resources should focus on expanding employment and entrepreneurial opportunities.

Parents

Parenting programmes have a valuable role to play in targeting parent's consumption at a range of levels of harm. Programmes should include both mothers and fathers; educate them on the impact of their consumption on their children and include components on attitudes to consumption; communication; monitoring and supervising their child; and parent-child attachments.

Mothers

There is a need to raise awareness on the harmful effects of alcohol which would help reduce alcohol consumption by women and its negative effects on children's wellbeing. Alcohol availability, accessibility and distribution can be addressed with proper application and enforcement of policies against alcohol. Affordable community based rehabilitation programmes and health facilities need to be offered and jobs created. There is also a need to strengthen guidance and counseling in order to address the problem of maternal alcohol consumption.

GO's

ommunity based organizations have concentrated their efforts in development activities putting side that a society cannot fully thrive successfully without the sound mind and health of those hat live in it. It is these same individuals who will ultimately build or break those activities they re putting up. Therefore, the absence of comprehensive efforts to actually have treatment acilities that are specifically tailored to women is a big gap in the efforts to control and curb Ilcoholism and house hold income. Ultimately more of these facilities MUST be put in place.

Social workers and church leaders

Professional counseling services to alcohol consumers and their families should be provided. There is need for incorporation of the family members into the counseling sessions was ;onsidered vital in helping them to identify the factors that lure these women into alcohol consumption and therefore, prevent their occurrence or existence.

5.4 Areas for further research

The role of parental employment, work-life balance and work related stress on parental consumption requires further investigation.

Causes, effect and remedial measures of drug abuse among the children in Uganda Parental

alcohol abuse and children detachment to the streets in Kabale municipality

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APPENDICES

APPENDIX A: QUESTIONNAIRE FOR MOTHERS

Dear Respondent,

I am a student of Kabale University undertaking a research on: "the effect of alcoholism in families and children welfare in Kabale Municipality, Uganda: Please kindly assist me in completing this questionnaire by providing the required information. Your positive response will make this research a success. All information will be treated as confidential.

SECTION A: BIO-DATA OF THE RESPONDENTS

How old are you?

10-18 19-27 28-36 37-45 46-54 55-63

What is your level of education?

No education Primary Secondary Diploma Degree

What is your marital status?

Single Married Widowed Divorced/Seperated

What is your religion?

Anglican Catholic Muslim Seventh-Day-Adventists Others

What is your occupation?

Employed Peasants

Bar attendant

Why do you think people take alcohol in Southern Division Kabale municipality?

.....

.....

.....

Have you realised any effect of alcoholism on children's welfare?

Yes

b) No

If yes, what have you realised?

.....

.....

.....
.....

Is there effect of alcoholism in families and on children welfare?

Yes

b)

If yes what is it? Explain .

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

What possible strategies for mitigating maternal alcohol abuse and enhance children's moral welfare in Southern Division Kabale municipality.

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

THANK YOU

APPENDIX B: INTERVIEW GUIDE FOR CHILDREN

How old are you?

What is your level of education?

What is your marital status? What
is your religion?

What is your occupation?

What are the causes of maternal alcoholism?

What is the effect of maternal alcoholism on socio-economic status of the family?

What possible strategies for mitigating maternal alcohol abuse and enhance children's moral
welfare.

What is the relationship between maternal alcoholism, socioeconomic status and
children's moral welfare?