

Determinants of Alcohol Abuse among Women of Child-Bearing Age in Eastern Province, Zambia- A Cross Sectional Study

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Abstract

Research shows that alcohol use among women is increasing. While alcohol misuse by anyone presents serious public health concerns, women who drink have a higher risk of certain alcohol-related problems compared to men. Alcohol consumption in childbearing women is a public health concern because of adverse health implications for the mother and baby. The aim of this study was to explore the determinants of abuse of alcohol among women of age group of 18-45 in Ukwimi area of Lusangazi District, Eastern province, Zambia. A cross sectional study was conducted at Ukwimi-A Rural health centre and surrounding community. A sample size of 165 respondents was selected using simple random sampling and data on alcohol abuse in women of child-bearing age was collected using structured questionnaires. From the 165 participants who took alcohol, 78% were youths and 22% adults. 56% were married, 40.4% were single 3% were divorced and 0.6% were widowed. 77% of respondents started to take alcohol due to peer influence and the least, 11% it was due to curiosity. 59% of the respondents had drinking places opened before 10:00 hours and 41% the drinking places opened at or after 10:00 hours. Majority of the women in the study expressed some knowledge on what alcohol abuse is and at the same time were aware of the adverse effects that come with the abuse of alcohol. Alcohol abuse among women of child-bearing age is still on the rise and the majority are the youths.

Keywords: *Alcohol abuse, Alcohol misuse, Alcohol consumption, Adverse, peer influence, child-bearing age.*

Introduction

The link between alcohol consumption and direct loss of health has been established in the research literature. A risk assessment by the World Health Organization (WHO) showed that the damaging impact of alcohol consumption on the worldwide burden of disease and injury is immense.

It is the third highest global risk factor for disability adjusted life years (DALYs), ranked after underweight during childhood and having unprotected sex [1]. Alcohol misuse is an important and preventable major risk factor for chronic diseases that are related to lifestyle choices.

It has been shown to be associated with more than 60 physical and mental illnesses; and social problems [2]. The excessive use of alcohol is related to the development of serious illnesses such as cancer, neuropsychiatric disorders, cardiovascular diseases, and cirrhosis of the liver [3]. Alcohol consumption has been a part of the Zambian culture for a long time. Social drinking is commonly accepted and included in many important traditions and ceremonies [4].

Zambia is one of the African nations with the highest drinking levels. According to the WHO health report of 2014, the 12-month prevalence of alcohol use disorders among Zambians

above 15 years of age, including alcohol dependence and harmful use of alcohol, is 7.9% of the male and 1.0% of the female population with an overall rate of 4.5% which is above the average of 3.3% for the WHO African Region [5]. This gender difference is shown in the effects of alcohol which causes significantly more harm to males than female, suggesting different drinking habits in relation to quantity and pattern of drinking [1].

Effects of alcohol use disorder on families can include increased domestic abuse/domestic violence. The effects that parental alcoholism can have on children can be significantly detrimental [5].

WHO 2014, studies estimated the prevalence of alcohol Abuse by women in African countries as follows; Botswana (30%), Namibia (47%) and Zambia (60%).

According to the 2008 Ghana Demographic and Health Survey, the proportion of women in childbearing aged 15–49 years who abuse alcoholic beverages is 18.0%. A recent study using data from the World Health Organization's (WHO) World Health Survey found diverse drinking patterns among women in 20 African countries. Ten per cent of women sampled were current drinkers, with the highest national rate of 30% reported in Burkina Faso. [6-8].

Traditional beverages have high alcohol content and have generally a high risk in mortality rate among people abusing it because there are easily affordable and available. Among other consequences, drinking of home brewed alcohol has been linked to esophageal carcinoma in parts of Zambia. The association has been linked to contaminants like Zinc, Iron, Copper, and Nitrosamine-like compounds which result from the use of old metal drum during production (10).

WHO 2014 findings placed Zambia among top 10 countries with a high number of women who drink alcohol in the world. Meanwhile, alcohol consumption in the past 12 months was reported by 26.3% (43.5% of male and 17.7%

of female) study participants. Current alcohol consumption prevalence of 12.2 among females in Lusaka reported about twice the estimate for the country (of 5.9% for Zambia women countrywide), three times and 12 times respectively the estimate for Kenyan and Malawian women (11).

Restrict illicit alcohol, liquor licensing act chapter 167 of the laws of Zambia which states that an application for a license shall be made in the prescribed manner and form to the appropriate licensing committee. The then, Local Government, Early Childhood and Environmental Protection Minister, Professor Nkandu Luo, on April 16, 2012, signed Statutory Instrument Number 23 of 2012 banning some sachet packed liquor and liquor licenses for 15 companies (Times of Zambia, 2012). The notable policies are those to control the manufacturer and trader and to some extent the consumer. The Statutory Instrument is part of the Liquor Licensing Regulations of 2011, in which the permitted hours for the sale of intoxicating liquor shall be prescribed.

This revised instrument bans supermarkets, bottle stores and wholesale outlets from selling alcoholic beverages on Sundays and public holidays and only allowing them to conduct trade from Monday to Friday from 10:00 hours to 19:00 hours.

This instrument limits selling of alcohol on workdays and weekends for restaurants and bars, the latest hour of sell being 23:00hours on weekends and night clubs 03:00hours on weekends (12). The prevalence for consumption of alcohol is 37.9% of males and 12.2% of females that is according to the population-based survey conducted in Lusaka urban district, (13). The current trends indicate that alcohol abuse among Zambian women in childbearing age is increasing to about 30% from 12.2% and has reached alarming state, (14). The objectives of this research were to explore the determinants of abuse of alcohol among women of child-bearing age group of 18-45 years old in Ukwimi area of Lusangazi

District, Eastern province and to draw up recommendations that government may put in place to control alcohol abuse.

Research Methodology and Materials

Research Design

The study was a Cross sectional study. Qualitative and Quantitative designs were used. A qualitative design was used to explore the personal factors, social- cultural factors and the psychological factors. Quantitative design was used to generate the statistics of the total respondents sampled under the study.

Study Setting

The study site was in Ukwimi catchment area of Lusangazi District, eastern province. The area is 65km off the Petauke turn off, Great east road. It has a population of 6696 people (CSO 2010) of which 1493 people are women of child-bearing age.

Target Population

The study target population were the women who take alcohol in the child-bearing age 18 to 45 years of Ukwimi area of Lusangazi District, eastern province.

Sampling Procedure

The sample size was determined using a Fisher's formula method. A representative sample was selected using convenience sampling method. Proportion of target population estimated to have a particular characteristic which is 0.122 (according to the population-based survey conducted in Lusaka urban district, (Nzala, 2011) prevalence for consumption of alcohol is 37.9% of males and 12.2% of females). A sample size of 165 respondents was derived using the above formula.

Data Collection

Data Collection Tools

To collect the data, two methods were used: interview and questionnaire. The Interview was done using a structured questionnaire.

Data Collection Personnel

Data was collected by the principal investigator.

Data Management

Data entry was done using Epidata and analysis was performed using SPSS version 26.0 (SPSS Inc, Chicago, IL).

Ethical Considerations

In this regard, permission was obtained through a written consent from the District Health Director and District Commissioner for Lusangazi District to conduct the pilot and the actual study. Verbal permission from the Chairperson of the respective compounds which is Mawanda (pilot) and Ukwimi (Actual) where the studies were carried out was obtained.

Participants were informed of the purpose of the study including expected results. They were informed of their right to participate voluntarily and to withdraw at any point if they so wished. Additionally, participants were also to be told the study was entirely for academic purposes. The subjects were reassured that their information would be kept confidential, and their names would not appear on the interview schedule. No payments were made to coerce participation. The participant information sheet clearly stated that the participant can withdraw from the study at any time.

Results

Demographic Data

The sample comprised of women of Ukwimi in Lusangazi district aged 18 to 45years. A total number of 165 respondents were interviewed.

Age of Participants

The majority (78%) of the respondents were between the age range of 18-35 (youths) and the minority (22%) were between the age range of 36-45 (adults) (Table 1).

Table 1. Age of Participants (n=165)

Age	Frequency	Percentage %
18-35 (Youths)	128	78
36-45 (Adults)	37	22
Total	165	100

Marital Status of Participants

The majority were married (56%) whilst (0.6%) were widowed, which was the least (Table 2).

Educational Level of Participants

The majority (53%) of the respondents attained primary education level and minority (2%) had been to tertiary education (Table 3).

Occupation of Participants

The majority (86%) of the respondents were in non-employed while, the minority 3% were in formal employment (Table 4).

Table 2. Marital Status of Participants (n=165)

Marital Status	Frequency	Percentage%
Single	67	40.4
Married	92	56
Divorced	5	3
Widowed	1	0.6
Total	165	100

Table 3. Education Level of Participants (N= 165)

Education Level	Frequency	Percentage
Primary	87	53
Secondary	11	6
College/University	3	2
Never Been to School	64	39
Totals	165	100

Table 4. Occupation of Participant (n=165)

Occupation	Frequency	Percentage%
Formal	5	3
Farmers	18	11
Non employed	142	86
Total	150	100

Factors Contributing to Alcohol Abuse Among Women of Child-Bearing Age (18-45)

Reasons Why Women Take Alcohol

Out of 165 respondents, 77% of respondents took alcohol due to peer influence and the least, 11% it was due to curiosity (Table 5).

Table 5. Reasons why Women Take Alcohol (n= 165)

Reasons Women Take Alcohol	Frequency	Percentage%
Peer Influence	127	77
Curiosity	18	11
Idleness	20	12
Total	165	100

Table 6 shows that the majority (47%) of the respondents indicated that taking more than 14units in a week is normal while the minority (17%) indicated taking 1-5 units of alcohol per week is normal.

Table 6. Normal Alcohol Units to Take in a Week

Normal Bottles to Take Per Occasion	Frequency	Percentage %
Infrequent (1-5 units Of Alcohol Per Week).	28	17
Moderate (6-13 units Of Alcohol Per Week)	59	36
Heavy (More Than 14units Of Alcohol Per Week)	78	47
Total	165	100

The majority (79%) of the respondents had many drinking places in their locality and the

least (4%) indicated that they had no drinking places in their locality (Table 7).

Table 7. Number of Drinking Places in the Locality (N=165)

Number Of Drinking Places in The Locality	Frequency	Percentage%
Many	131	79
Few	28	17
None	6	4
Total	165	100

The majority (59%) of the respondents had drinking places opened before 10:00 hours and

the minority (41%) the drinking places opened at 10:00 hours (Table 8).

Table 8. Time of Opening Drinking Places in the Locality (N=165)

Opening Time	Frequency	Percentage %
Before 10:00 Hours	98	59
10:00 Hours	67	41
Total	165	100

The Majority (59%) Of the Respondents Had Drinking Places Closed After 23:00 Hours and

the Least (41%) Closed After 23 Hours (Table 9).

Table 9. Time of Closing Drinking Places in the Locality (N= 165)

Closing Of Drinking Places	Frequency	Percentage
23:00 Hours	68	41
After 23:00 Hours	97	59

Total	150	100
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The Majority 74% Of the Respondents Said That Alcohol Abuse Is Heavy Drinking and The Minority 7% Said It Is Infrequent Drinking (Table 10).

Table 10. Alcohol Abuse by Respondents (N=165)

Alcohol Abuse	Frequency	Percentage
Infrequent Drinking	12	7
Moderate Drinking	32	19
Heavy Drinking	121	74
Total	165	100

Effects Of Alcohol Abuse

The majority 110 (73%) said NO women cannot perform house chores like sweeping, cooking, and washing when they take alcohol

and minority 40 (27%) said YES, they can perform house chores after taking alcohol (Table 11).

Table 11. Effects of Alcohol Abuse to Women in Performing House Chores like Sweeping, Washing and Cooking

Effects of Alcohol Abuse to Women in Performing House Chores	Frequency	Percentage%
Yes	138	84
No	27	16
Total	150	100

The majority (84%) of the respondents said YES someone under alcohol can be abused sexually and minority (16%) said NO someone

under alcohol cannot be sexually abused (Table 12).

Table 12. Does Alcohol Predisposes Someone to Sexual Abuse

Does Alcohol Predisposes Someone to Sexual Abuse	Frequency	Percentage%
Yes	138	84
No	27	16
Total	150	100

The Findings Shows That (67%) Said Alcohol Abuse Cause Complications to the Unborn Child and the Least Which Is (2%) Said

Alcohol Abuse Has No Effects to The Child (Table 13).

Table 13. Effects of Alcohol Abuse on Pregnant Women

Effects Of Alcohol Abuse on Pregnant Women	Frequency	Percentage%
Complication To Unborn Child	111	67
Complications To the Woman	26	16
Physical Accidents	24	15
No Effects	4	2
Total	165	100

The study findings shows that 75% respondents indicated that alcohol abuse in breastfeeding mothers causes malnutrition to the baby, 22% indicated that it causes physical

harm to the baby and only 3% indicated alcohol abuse in breastfeeding mothers has no effect (Table 14).

Table 14. Effects of Alcohol Abuse on Breastfeeding Mothers

Effects Of Alcohol Abuse on Breastfeeding Mothers	Frequency	Percentage%
Malnutrition to the Baby	124	75
Physical Harm to The Baby	36	22
No Effects	5	3
Total	165	100

Out of 165 respondents, 48% indicated that effects of alcohol abuse on marriage causes women to fail do house chores like sweeping and cooking, 5% indicated that alcohol abuse leads to divorce and 48% indicated that it causes violence (Table 15).

Table 15. The Effects of Alcohol Abuse on Marriage

Effects Of Alcohol Abuse on Married Women	Frequency	Percentage%
Divorce	7	5
Failure To Do House Chores	80	48
Violence	78	47
Total	165	100

Relationship Among Variables

Demographic Variables in Relation to Alcohol Abuse

The study revealed that the majority (43%) youths took more than 14 units of alcohol per

week while (7 %) adults took 1-5units of alcohol per week. Hence there was a relationship between age and alcohol abuse (Table 16).

Table 16. Age of Participants in Relation to Alcohol Abuse (N=165)

Age	1-5 Units of Alcohol Per Week	6-13units Of Alcohol Per Week	More Than 14units Of Alcohol Per Week	Total
18-35(youths)	24(14%)	32(19%)	72(43%)	128(78%)
36-45(adults)	11(7%)	8(5%)	18(11%)	37(22%)
Total	35(21%)	40(25%)	90(54%)	165(100%)

The study findings shows that single women (27%) took more than 14units of alcohol per week while married women (11%) took 1-5units of alcohol per week. The findings indicated that there was a relationship between marital status and alcohol abuse (Table 17).

Table 17. Marital Status in Relation to Alcohol Abuse (N=165)

Marital Status	1-5units Of Alcohol Per Week	6-13units Of Alcohol Per Week	More Than 14units Of Alcohol Per Week	Total
Single	18(11%)	4 (2.4%)	45 (27%)	67(40.4%)
Married	18(11%)	33 (20%)	41 (25%)	92(56%)
Divorced	0(0%)	1 (0.6%)	4 (2.4%)	5(3%)
Widowed	0(0%)	0(0%)	1 (0.6%)	1(0.6%)
Total	36(22%)	38(23%)	91(55%)	165(100%)

The study findings revealed that women who attained no education level (30%) took more than 14units of alcohol per week, while women who attained primary education (24%) took 1-5units of alcohol per week. The findings from the study indicated that there was a relationship

between Education level and alcohol abuse (Table 18).

Table 18. Education Level in Relation to Alcohol Abuse (N=165)

Education Level	1-5 units of alcohol per week	6-13units of alcohol per week	More than 14units per week	Total
Primary	11(7%)	40(24%)	36(22%)	87(53%)
Secondary	5(4%)	3(2%)	3(2%)	11(6%)
College/university	3(2%)	0	0	3(2%)
None	1(1%)	13(8%)	50(30%)	64(39%)
Totals	20(12%)	56(34%)	89(54%)	165(100%)

The study findings revealed that respondents who had many drinking places in their locality took more than 14units of alcohol per week, while those who had no drinking places in their locality took 1-5units of alcohol per week. The findings indicated that there was a relationship between number of drinking places and alcohol abuse (Table 19).

Table: 19. Number of Drinking Places in Relation to Alcohol Abuse (N=165)

Number of drinking places in your area	1-5units of alcohol per week	6-13units of alcohol per week	More than 14units of alcohol per week	Total
Many	17(10%)	25(15%)	89(54%)	131(79%)
Few	8(5%)	8(5%)	11(7%)	28 (17%)
None	1(1%)	1(1%)	4(2%)	6 (4%)
Total	26(21%)	34(25%)	104(63%)	165(100%)

The study findings indicated that respondents where drinking places opened before 10:00 hours (47%) took more than 14units of alcohol per week, while respondents where drinking places opened at 10:00 hours (10%) took 1-5units of alcohol per week. The study findings indicated that there was a relationship between opening hours of drinking places and alcohol abuse (Table 20).

Table 20. Opening Hours of Drinking Places in Relation to Alcohol Abuse (N=165)

Opening hours of drinking places	1-5units of alcohol per week	6-13units of alcohol per week	More than 14units of alcohol per week	Total
Before 10:00 hours	4(2%)	17(10%)	78(47%)	98(59%)
10:00hrs	17(10%)	18(11%)	32(20%)	67(41%)
Total	21(12%)	34(21%)	110(67%)	165(100%)

The study findings revealed that areas where there were many drinking places closed after 23:00hours (55%), While areas where there were few drinking places closed at 23:00 hours=0.016 is statistically significant. The above findings revealed that there was a relationship between number of drinking places and closing time (Table 21).

Table 21. Number of Drinking Places in Relation to Closing Time of Drinking Places (N=165)

Drinking places in the area	After 23:00hrs	23:00 Hrs	Total
Many	90(55%)	48(31%)	138(85%)
Few	17(8%)	10(6%)	27(15%)
Total	107(63%)	58(37%)	165(100%)

The study revealed that respondents who were influenced by their peer (44%) took more than 14 units of alcohol per week, while respondents who were motivated by curiosity

(2%) took 6-13 units of alcohol per week. The findings shown above indicated that there was a relationship between peer pressure and alcohol abuse (Table 22).

Table 22. Peer Pressure in Relation to Alcohol Abuse (N=165)

Motivation To Start Drinking Beer	1-5 units Of Alcohol Per Week	6-13 units Of Alcohol Per Week	More Than 14 units Of Alcohol Per Week	Total
Peer influence	34(21%)	20(12%)	73(44%)	127(77%)
Curiosity	4(3%)	3(2%)	11(7%)	18(11%)
Idleness	10(6%)	2(2%)	8(4%)	20(12%)
Total	38(21%)	25(25%)	92(54%)	165(100%)

The study revealed that majority 84% of the respondents indicated that empowering women was the solution to reduce alcohol abuse among women while 15% of the respondents suggested

banning the sale of illicit alcohol can help in decreasing alcohol abuse among women (Table 23).

Table 23. Measures to Control Alcohol Abuse

Measures To Control Alcohol Abuse	Frequency	Percentage%
Empowering women	138	84
Arresting women who abuse alcohol	1	1
Ban the sale of illicit alcohol	26	15
Total	165	100

Discussion

Introduction

The discussion of the study is based on analysis of data collected from a sample of hundred and sixty-five (165) respondents using self-administered questionnaire. The study was aimed at determining factors contributing to alcohol abuse, effects of alcohol abuse and the perception of alcohol abuse among women of child-bearing age in Ukwimi community of Lusangazi District.

Demographic Characteristics of Respondents

The demographic characteristics of respondents which were relevant to the study included age, marital status, education level, and occupation. These were essential for interpretations of findings. The sample included both youths and adults. Most of respondents 78% were youths and 22% were adults (Table 1, Figure 1).

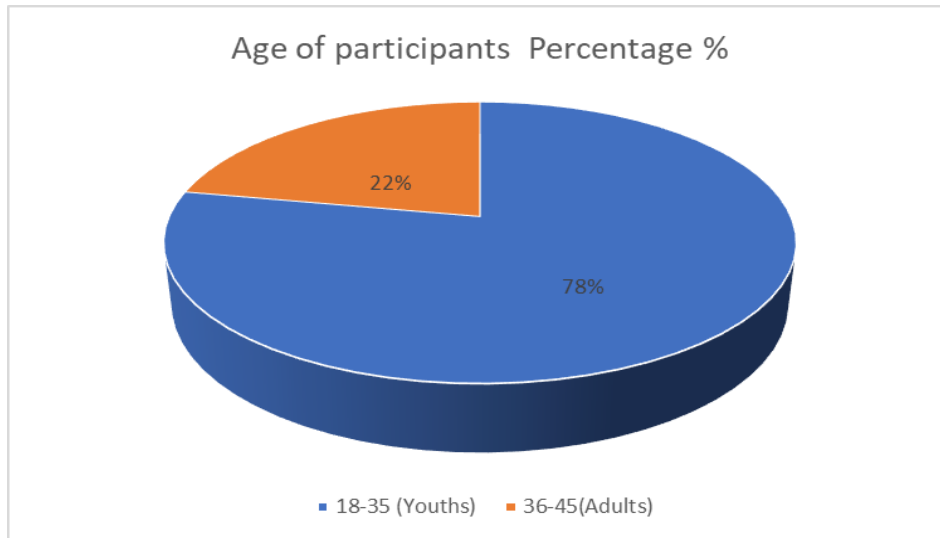


Figure 1. Showing Percentage of Age of Participants

Majority 56% of respondents were married, 40.4% were single 3% were divorced and 0.6% were widowed. (Table 2, Figure 2).

and 6% reached secondary level, while 2% had never been to school. (Table 3, Figure 3).

The majority of respondents 53% reached primary level, 39% had never been to school,

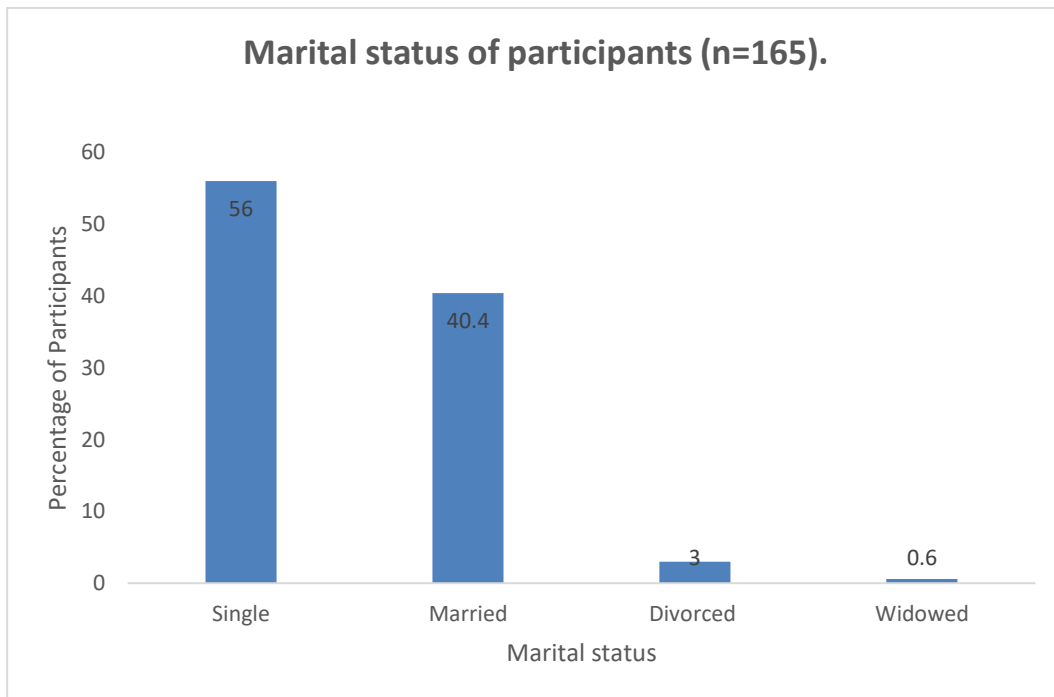


Figure 2. Showing Percentage of Marital Status of Participants

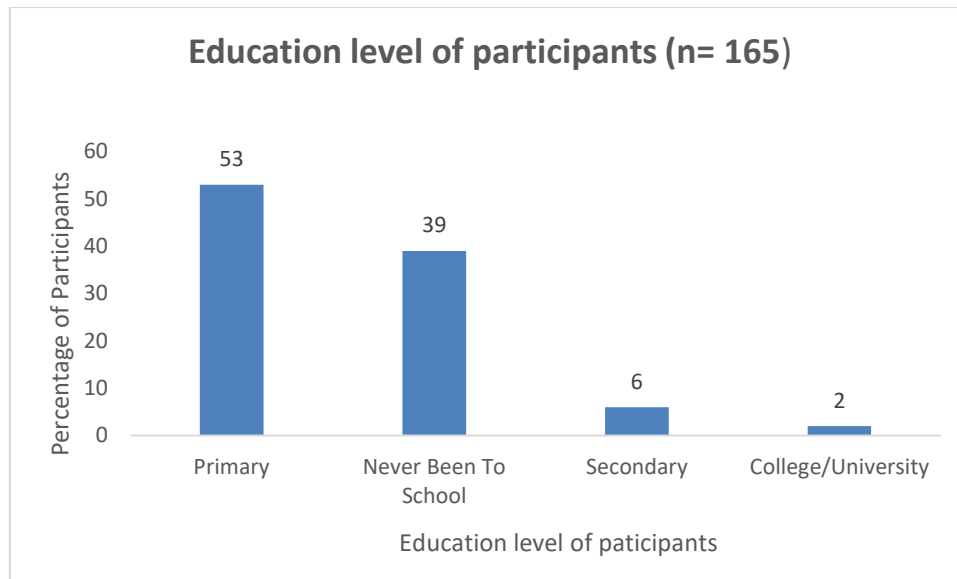


Figure 3. Showing Education Level of Participants

The research findings revealed that 86% of respondents were not in employment, 11% were farmers While 3% were in formal employment (Table 4). These findings revealed that majority of women who took alcohol were youths, married, at primary education level and not employed. Majority of the 11% women who took alcohol said it was season, after they sale their farm products. Health Communication Partnership in 2009 conducted research in Chongwe district to learn about the factors that influenced alcohol consumption and the effects alcohol abuse at the first level or domain is the personal factor which is attributed to the individual 's personal characteristics for instance one 's age, sex, level of education, and knowledge (17).

Factors Contributing to Alcohol Abuse Among Women of Child-Bearing Age (18-45)

The study revealed that most women took alcohol due to peer influence as tabulated in table one (Out of 165 respondents, 77% of respondents started to take alcohol due to peer influence and the least, 11% it was due to curiosity. Table 5). In another study, Michelle Bolyn (2015), findings showed that, Peer pressure can be a major factor that can influence people to alcohol abuse. People that

are around other peers who drink are more likely to start drinking. To do otherwise would be to risk standing apart from the crowd, an uncomfortable situation for peers. Also, a woman who attends a couple of parties where alcohol is served might become curious and test the alcohol. She might like how it makes her feel and continue drinking on a regular basis, which can lead to alcohol abuse. Coggans and Mackellar (1994), blame peer pressure as one of the main reasons many young people start using alcohol.

The study results showed that majority (79%) of the respondents had many drinking places in their locality and the least (4%) indicated that they had no drinking places in their locality (Table 6). Newman etal 2009, the community level may have external environmental factors that may influence drinking. These factors include the availability of affordable alcohol and the concentration of drinking outlets.

From the findings of this study, it was revealed that the majority (59%) of the respondents had drinking places opened before 10:00 hours and the minority (41%) the drinking places opened at or after 10:00 hours. (Table 8). The findings on closing time of drinking places, indicated that the highest (59%) of the respondents had drinking places

close after 23:00 hours while 41% were closing at 23 hours the allowed time (Table 9).

On assessing the level of knowledge on what alcohol abuse is, the study revealed that, 74% said it is heavy drinking, 19% said it is moderate drinking, while 7% said it is infrequent drinking. (Table 10). The finding clearly indicated that, most respondents understood what alcohol abuse was.

Effects of Alcohol Abuse

It was revealed in the study that the majority of the respondents 67% had known that alcohol abuse causes complications to the unborn child, 16% indicated that it causes complications to the woman, 15% had known that it causes physical accidents and the least 2% had known that alcohol abuse has no effects to the unborn child (Table 13). Today Diagnosis Dictionary (2009), in the basics of understanding alcohol abuse for the alcoholism can also lead to impotency in men and damage to the foetus and results in giving birth to small for date's baby in pregnant women. The study findings on the effects of alcohol abuse on marriage were out of 165 respondents, 48% said alcohol abuse causes women fail to do house chores, while 5% indicated that it leads to divorce and 47% said it causes violence (Table 15). ZCCP (2010), In general alcohol abuse affects marriage in a number of ways, it even leads to dissolving of marriage.

Beliefs On Alcohol Abuse

The findings showed that most women abuse alcohol due to marital problem which is comprising of 63% followed by socialization with 19%, then 10% said it was due to availability of cheap beer and the lowest (8%) said women abuse alcohol in search of marriage partners. In a literature review, Dondero (2000) research suggested that women who have trouble with their closest relationships tend to drink more than other women. Heavy drinking is more common among women who have never married, were living unmarried with a

partner, or are divorced or separated. (The effect of divorce on a woman's later drinking may depend on whether she was already drinking heavily in her marriage.) A woman whose husband drinks heavily is more likely than other women to drink too much, (NIAA 2003).

Relationship among Variables

Age in Relation to Alcohol Abuse

The study revealed that the majority (43%) youths took more than 14 units of alcohol per week while (7 %) adults took 1-5 units of alcohol per week. Hence there was a relationship between age and alcohol abuse. $P=0.043$ which was statistically significant. Hence there was a relationship between age and alcohol abuse, as seen that the youths consumed more alcohol than the adults. $P=0.653$ which was statistically insignificant. In a study done by Coggans and MacKellar, some individuals find it difficult to refuse a drink if it is offered by friends for fear of rejection or disapproval. This clearly indicates that age influences alcohol abuse as youths were taking more units per occasion than adults due to peer pressure and curiosity. It is therefore important that youths are taught at school and even at home how to say no to peer pressure. Coggans and Mackellar (1994), blame peer pressure as one of the main reasons many young people start abusing alcohol. Hartford et al (1983) found that students living on campus were more likely to drink in large age groups and within the campus than students who were living at home. Jessor (1975), revealed how at one time school officials especially at college level regarded drinking on campus as a rite of passage which did not have any serious effects on the students.

Marital Status in Relation to Alcohol Abuse

The study findings showed that single women (27%) took more than 14 units of alcohol per week while married women (11%) took 1-5 units of alcohol per week. The findings indicated that there was a relationship between

marital status and alcohol abuse. The $P=0.022$ which shows that the findings are statistically significant. The findings indicated that there was a relationship between marital status and alcohol abuse. According to the findings in the study, alcohol abuse is high among single women due to social problem or searching for partners hence they end up abusing alcohol as a way of relieving stress. Therefore, there is need

for the government to establish counselling centres in communities and these counselling sessions should encompass topics like how to deal with stress without abusing alcohol. Establishing of Rehabilitation centres and training of personnel must be done by government and interested stakeholders in helping affected individuals heal and become role models to the others.

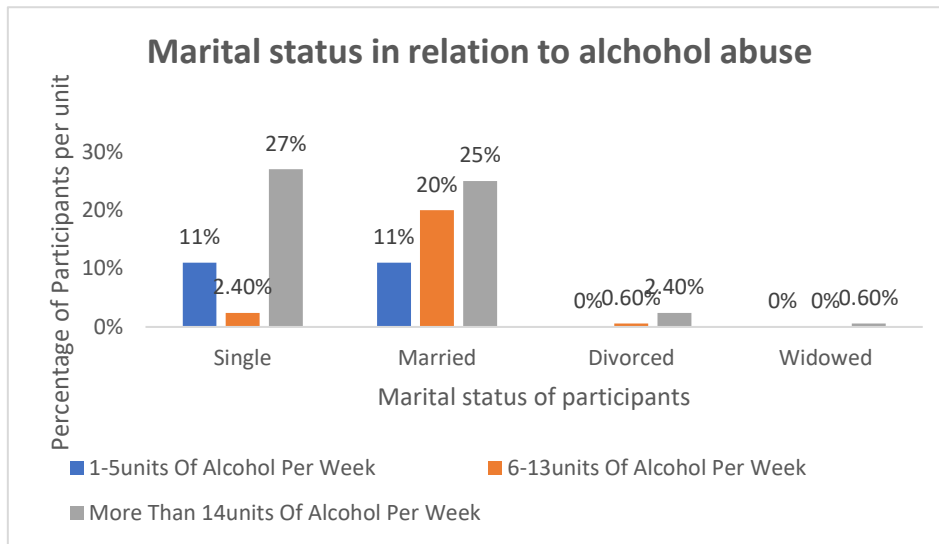


Figure 4. Showing Marital Status in Relation to Alcohol Abuse

Education Level in Relation with Alcohol Abuse

The study findings revealed that women who attained no education level (30%) took more than 14units of alcohol per week, while women

who attained primary education (24%) took 1-5units of alcohol per week. The findings from the study indicated that there was a relationship between Education level and alcohol abuse. The $P= 0.021$ which is statistically significant.

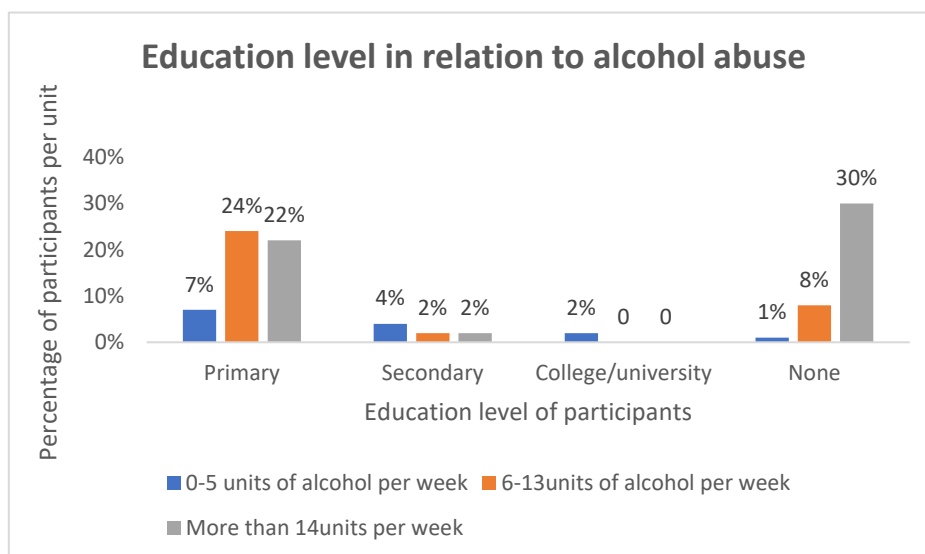


Figure 5. Showing Education Level in Relation with Alcohol Abuse

Number of Drinking Places in Relation with Alcohol Abuse

The study findings revealed that respondents in the locality which had many drinking places had the highest (54%) consuming more than 14 units per week, followed by places with few drinking places with 7% and the lowest were those living in the locality with no drinking places with 1%. The findings indicated that there was a relationship between number of drinking places and alcohol abuse (Table 19). The $P=0.025$ which is statistically significant. However, the findings imply that, it calls for swift action by the law enforcers to strictly ensure that drinking places in operational are legally registered because most drinking places as stated by most of the respondents were not registered with council and were situated in illegal places. Then strict monitoring of the infrastructure intended to be a drinking place by council and environmental health personnel, ensuring that it meets the standard criteria. This will avoid situations where a house is turned into a drinking place and only with one toilet for a gathering attracting a lot of people as this poses a health hazard to the community members because of careless disposal of wastes by the people drinking.

Opening Hours for Drinking Places in Relation to Alcohol Abuse

The study findings indicated that 47% respondents took more than 14 units of alcohol per week (heavy drinking) in drinking places which opened before 10:00 and 20% in drinking places which opened at 10: hours (Table 20). The study findings indicated that there was a relationship between opening hours of drinking places and alcohol abuse. $P=0.155$ which is statistically insignificant.

The findings clearly indicated that opening time contributes to alcohol abuse, hence it is imperative that the law enforcers must take strict measures on the drinking place owners to ensure that they adhere to stipulated opening

time which is 10:00 hours. As results showed highest (47%) of the drinking places open before 10:00 hours and indicator of lack of monitoring by law enforcers to ensure that drinking places owner abide by law and those ignoring are arrested and fined heavily or jailed as the law stipulates.

Number of Drinking Places in Relation to Closing Time of Drinking Places

The study findings revealed that majority (55%) of areas with many drinking places were closing after 23 hours and minority (6%) in places where they were closing at 23 hours (Table 21). $P=0.016$ which is statistically significant. From the above findings it showed that there was a relationship between number of drinking places and closing time. Results have showed that increased number of drinking places contributed to the closing of drinking places was after 23:00 hours the prohibited hence increasing the number people abusing alcohol. The outcome could be due to competition among many drinking places, wanting to sell more once the other closes at the stipulated time which is 23:00 hours. Hence there is need for close monitoring by law enforcers to ensure that drinking places owner abide by law and those ignoring are arrested and fined heavily or jailed as the law stipulates.

Peer Pressure in Relation to Alcohol Abuse

The study revealed that 44% of the respondents took more than 14 units of alcohol per week due to peer influence, followed by curiosity with 3% and minority 2% due to idleness (Table 22). The findings shown above indicated that there was a relationship between peer pressure and alcohol abuse because. $P=0.002$ which is statistically significant.

In another study, Michelle Bolyn (2015), findings reviewed that, Peer pressure can be a major factor that can influence people to alcohol abuse. People that are around other peers who drink are more likely to start drinking. To do otherwise would be to risk

standing apart from the crowd, an uncomfortable situation for peers. Also, a woman who attends a couple of parties where alcohol is served might become curious and test the beer.

She might like how it makes her feel and continue drinking on a regular basis, which can lead to alcohol abuse. Coggans and Mackellar (1994), blame peer pressure as one of the main reasons many young people start using alcohol. In a study carried out by Perkins and Berkowitz (2009), it was found that individuals believe that intoxication was only accepted in limited circumstance, yet the same individuals thought that their peers believed that intoxication that interferes with academic work was acceptable. So, drinking always was not accepted and yet occasional drinking was allowed even when it stood to disturb someone's academic work.

With the above study findings, it is important that education on the risks of alcohol abuse and on the self-assertiveness is intensified among peers so that one can be able to stand up and rebuke peer pressure as it has contributed largely to alcohol abuse in our study.

Conclusions and Recommendations

Conclusion

In conclusion, the study of alcohol abuse among women of child-bearing age in Ukwimi of Lusangazi District, Eastern province brought out the following key issues; the majority of the women in the study expressed some knowledge on what alcohol abuse is and at the same time were aware of the adverse effects that come with the abuse of alcohol.

Alcohol abuse among women of child-bearing age is still on the rise and the majority are the youths aged between 18- 35 years old. Marital problems ranked high on the reasons why women abuse alcohol followed by peer pressure. There was a major concern from many respondents that the government through the council is not doing enough on reinforcing the opening (10:00hours) and closing time

(23:00hours) for drinking places for example some drinking places close at 23:00 hours others close at midnight. The government through its ministries and cooperating partners need to enhance sensitization of alcohol abuse in rural areas. There is also needed to put in place some other recreation programs to avoid majority of the people in the community to resort to alcohol abuse to pass time.

Recommendations to Government and Non-governmental Organisations

1. The government, non-governmental organisations, business houses and well-wishers to empower women by giving them soft loans so that they can start small businesses to keep them busy.
2. The government, non-governmental organisations, business houses and well-wishers to introduce counselling, rehabilitation and educational centres specifically for women where they can be counselled and be taught about the adverse effects of abusing alcohol.
3. The government through the local authorities (council) to reinforce the already existing laws on opening and closing hours for drinking places so that those not adhering to this can be brought before the law.
4. Set up recreation centres in rural areas.

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Conflict Of Interest Statement

The author declares that there is no conflict of interest.

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