

Alcohol Consumption and Its Effects on the Health of Young Adults – Windhoek, Namibia

Sheehama J^{1*}, Nghitongo A², Anyolo F³

¹UNAM School of Medicine, Namibia

²Cancer Association of Namibia, Namibia

³UNAM School of Public Health, Namibia

Corresponding Author*

Abstract: Alcohol consumption, especially in high amounts, has been on the rise globally and Namibia is no exception. The rise thereof and its adverse effects have become a public health concern. Various studies done have indicated that excessive alcohol consumption leads to a great deal of health and social consequences. The main purpose of the study was to determine the knowledge, attitudes and practices of young adults on alcohol use and its effects on their health. The study applied a quantitative approach, using a cross-sectional, descriptive and exploratory design to obtain data from 383 participants aged 18 – 30 years. A cluster random sampling method was employed, data was compiled and analysed using SPSS version 25.

Participants were presented with a number of questions to determine their knowledge, attitudes and practices relating to alcohol consumption. Descriptive quantitative statistics were used to analyse and represent demographic information. Frequencies, mean, standard deviation, graphs and tables were used to present the results. The mean age of the respondents was 22.9, ± 40.05 SD. Majority of respondents were from age 21 -23 (134) both male and female, and females made up majority of respondents in the study from all age groups with 58.5%.

This study found that most of the respondents had good knowledge with more than 67.6% describing awareness and dangers of alcohol. The main dangers and adverse effects of alcohol mentioned were; stomach ulcers, liver damage and increased risk of motor vehicle accidents. Furthermore, 58.7% of respondents agreed that alcohol is a drug, and the majority (87.7%) agreed that 10% of road accidents are alcohol-related. However, respondents showed inadequate knowledge regarding the term “standard drink” and the recommended number of standard drinks considered safe weekly. Overall, respondents had good attitude and safe practices towards alcohol consumption and its effects on their health. An average of 71.3% of respondents are in support that clinicians ask about alcohol consumption for each patient visiting a health facility. This study therefore recommends that there is a need to increase knowledge, improve attitudes and maintain practices towards alcohol consumption and its adverse effects among the youth by creating new platforms to increase awareness and intensify alcohol education.

This can be achieved by establishing a multisectoral approach between the Ministry of Health and Social Services (MoHSS), Ministry of Education (MoE) and other relevant stakeholders in Namibia.

Keywords: Alcohol, Health, Young, Consumption

I. INTRODUCTION

Background

Alcohol is one of today's major lifestyle-related health determinants. Alcohol-related problems as a result of high alcohol consumption rank amongst the world's major public health problems (Rehm et al., 2009). The misuse of alcohol has pervasive and potentially detrimental effects on the body (de Bruijn, 2014), in society and the economy at large. However, low public and health policy priority are observed to combat these harmful uses of alcohol in countries (World Health Organization, 2014a).

Namibia is one of the top 10 countries with a high alcohol consumption rate and ranking at number 5 in Africa (World Health Organization, 2014a), and an alcohol use per capita rating at 9.62 litres per year. Report on alcohol consumption levels and patterns in Namibia states that the total alcohol per capita consumption from the age of 15 and above for alcohol drinkers in 2010 stood at 27.7 % (in litres of pure alcohol) for both sexes. These findings further state that 28.4% of youths use alcohol at least once a week and 6.8% daily. These problems reduce life expectancy, lower productivity; require substantial expenditures for health resources and desolate community life. Windhoek, the capital city of Namibia had a population of 325 858 inhabitants in 2011 (Namibia Statistics Agency, 2013) and increased to +/- 400 000 in 2018 (City of Windhoek, 2016). In addition, the city has a total population of 108 785 of young adults between the ages of eighteen (18) and thirty (30) (Namibia Statistics Agency, 2013).

The use of alcohol in excessive amounts has many adverse effects on every organ in the human body (Uiras & Uirab, 2015). The liver is one of the organs most significantly affected, damaged and physiologically deranged because of alcohol ingestion. However, these harmful effects of alcohol consumption may be determined by the amount of alcohol consumed, pattern and quality/type of alcohol. Previous studies have shown that a correlation between alcohol consumption and the causal relationship of infectious diseases such as HIV exists (Kalichman, Simbayi, Kaufman, Cain, & Jooste, 2007).

(Rwafa, 2015) mention that in Windhoek, high numbers of alcohol-related incidences are reported to the police in most

residential areas. Noting that Namibia does not have a policy on alcohol consumption, there is great societal damage due to uncontrolled opening hours and the presence of illegally operating liquor outlets – especially in the informal areas, hence a need to curtail the concern.

II. STATEMENT OF THE PROBLEM

Alcohol consumption, especially in high amounts, can cause a lot of health problems such as anxiety, depression, gastrointestinal disorders, a risk factor for some types of cancers and can lead to death. (van Heerden, 2017) mentions that, alcohol consumption in Namibia is a high concern and that there are a few people that are aware of the carcinogenic effects from alcohol consumption. The consequences of different attitudes towards alcohol use vary, but still do not make it reasonable (IARD, 2015). Considering that studies indicate that the youth as young as 13 years consume alcohol, and it is not known whether the adverse effects thereof are known; this may put the future generation in a vulnerable state unless steps are taken to control the contributing factors to alcohol consumption.

Since no similar study have been documented in Namibia, this study will focus on exploring the knowledge, attitudes and practices of young adults on alcohol use and its effects on their health.

Research Question

The main research question of this study is to determine the knowledge, attitudes and practices of young adults on alcohol use and its effects on their health. The main objective of the study is to explore and describe the knowledge, attitudes and practices towards alcohol use and its effects on their health among young adults age eighteen (18) to thirty (30) in Windhoek. One of the contributing questions are; to explore and determine the knowledge of young adults regarding alcohol use and adverse effects on their health; to explore and describe attitudes towards alcohol use among young adults. to explore and describe behavioral practices toward alcohol use among young adults.

III. METHODOLOGY

The study applied a quantitative approach, using a cross-sectional, descriptive, exploratory design. The chosen design is appropriate because the collection of data was done at one point in time in a specified population to analyse the knowledge, attitudes and practices of young adults concerning alcohol use and its effects on their health.

Population

A study population is the total number of individuals with similar characteristics with which the research problem is concerned (De Vos, Strydom, Fouche, & Delpont, 2011). However, due to large populations, researchers often cannot test every individual in the population. Hence sampling techniques used.

According to (Namibia Statistics Agency, 2013), the total population of young adults age 18 to 30 years in Windhoek is 108785 with an annual growth of 3.9% for 2018. Suburbs in Windhoek comprises of Goreangab, Pionerspark, Eros, Hakahana, Khomasdal, Olympia, Havana etc. This study targeted both male and female in the age group eighteen (18) to thirty (30) years and was conducted in 12 randomly selected suburbs in Windhoek.

Data Collection

Participants were randomly selected from the randomly selected suburbs. This was done by going to shopping centres, schools, tertiary institutions and gathering places in the selected suburbs. The first participant was selected randomly. Subsequently, participants from each suburb were then selected systematically by selecting every 3rd person the researcher came across with that met the criteria for the study until the total number of 32 participants per suburb have been met. The purpose of the study was explained to sampled persons partaking in the study by the researcher self. The assurance concerning confidentiality, rights to opt-out of the study was also made. After explanations, the researcher-interviewed respondents using the constructed questionnaire (procedure took about 15 – 20 minutes). The whole process was closely supervised by the researcher to make sure if participants needed any clarification for any question.

Interviews provide the researcher with an opportunity to clarify or explain any items that any be unclear to respondents. Response rates from interviews tend to be higher than mailed questioners (Babbie. E,2010)

Data analysis

Data analysis was done using the software Statistical Packages for the Social Sciences (SPSS) version 25. Descriptive quantitative statistics were used to analyse and represent demographic information. Results were summarised and presented in frequencies and percentages for categorical variables, and means \pm for numerical variables, which showed how many participants fell into each category and converted into graphs using Ms excel to show a visual presentation of data.

IV. RESULTS

Sociodemographic characteristics of the study respondents

Sociodemographic characteristics refer to those unique attributes of the respondents, which distinguish them into different sets of categories. In this study, however, the results about demographic characteristics including but not limited to the following presented in table 4.1 on the following page.

The graph below (figure 1) shows that females made up the majority of the study 204 (53.3%) and males represented 179 (46.7%). The mean age of participants was 22.9, \pm 40.05SD

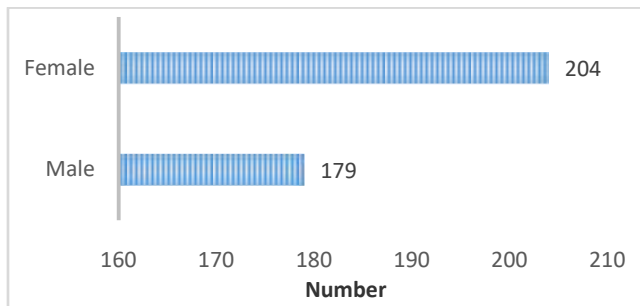


Figure 1: Gender of respondents

Most respondents were age group 21- 23 (134) and 11.2% age group 24-26 being the lowest represented among the age groups under study. There was an equal number of participants (32 participants) per suburb (11 suburbs) with one suburb having 31 participants. Out of a total of 383 participants, 110 (28.7%) are unemployed regardless of education levels showing 51.2% of participants having acquired secondary education, 48.0% with tertiary education.

Knowledge of alcohol and its effects on health

Respondents’ knowledge about the effects of alcohol on health was tested with a variety of questions that determined the understanding of alcohol and its effects on health.

The findings revealed that there were participants who were not aware of the dangers that alcohol may cause. Most prominent was that 259 participants had responded to being aware of any danger that alcohol may have on health. As indicated in table 4.2, some indicated that they are not aware and others do not know of any dangers on their health that are due to alcohol consumption.

Table 1: Awareness of the dangers of alcohol on health

Probing responses	Frequency (N)
Yes	259
No	26
Don’t know	98
TOTAL	383

Some of the known dangers of alcohol on health

Following an assessment of respondents’ awareness of dangers that alcohol has on health, respondents were asked to name some of these dangers known to them. The findings revealed some of the health dangers caused by alcohol consumption. The most prominent, with 39% was liver damage and 1% of respondents indicated their awareness on alcohol consumption might cause gastritis. Table 4.3 below shows what other respondents indicated.

As illustrated in table 4.2, the majority of respondents were aware of the dangers that alcohol has on health as well as reducing the chances of becoming affected. Ways of reducing these effects were mentioned as follow: limiting alcohol intake, consume less or abstain from alcohol. Advice peers to stop drinking alcohol and keep track of drinking habits.

Consume non-alcoholic drinks, avoid bad company (friends), raise awareness on dangers of alcohol and seek help if cannot stop consuming alcoholic drinks were the means reported by respondents to reduce the adverse effects from alcohol consumption.

Means of reducing danger effects caused by alcohol consumption

Although dangers of alcohol on health may be known, the study further assessed whether respondents knew any means of reducing the chances of alcohol effect on health. The majority responded to having awareness of reduction measures. As evidently recorded in table 2, out of 383 participants, 249 were aware and 55 responded with no.

Table 2: Dangers of alcohol on health

Dangers of alcohol on health	Percentage (%)
Stomach ulcer	7.0
Gastritis	1.0
Liver damage	39.0
Cancer	3.0
HPT	3.5
Mental illness	3.5
Slow response of the nervous system	13.0
Brain damage	12.0
Total	100
Awareness reducing chances of alcohol effects	
Yes	65
No	14.4
Don’t know	20.6
TOTAL	100

The figure below (figure 2) shows that 39.4% (151) of the respondents strongly agree with the statement, 33.4% (128) Agree, 7.6% (29) neither agree nor disagree and another 19.3% (74) do not know. The category strongly disagrees recorded 0 percentage (0).

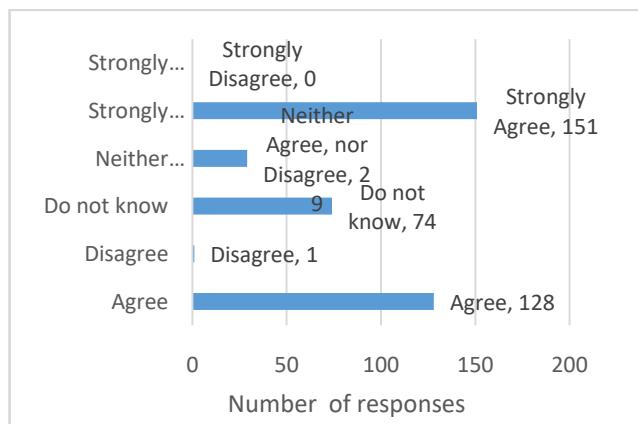


Figure 3: Responses to the statement “in Windhoek, there are high rates of drunkenness on our streets at night”

The figure below shows that 32.4% (124) of the respondents strongly agree with the statement, 43.3% (166) Agree, 9.6% (37) neither agree nor disagree, 14.1% (54) do not know. The category disagrees and strongly disagree recorded 0.3% (2).

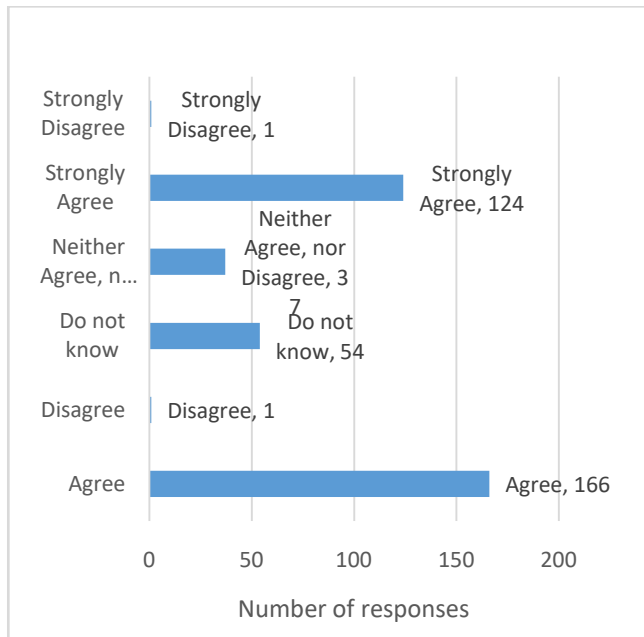


Figure 4: Responses to the statement “the current level of alcohol consumption in Windhoek is on an increase”

Exploring the practices of young adults on alcohol consumption and its effect on their health.

A total number of 346 (90.3%) out of 383 respondents reported to have consumed alcohol in their lifetime, and only 37 (9.7%) have never drink alcohol. Respondents who consume alcohol reported to mostly consume beer, wine, whiskey and ciders. From the 9.7% of those that have never consumed alcohol, mentioned that their main reasons for not doing so were:

- Lack of interest in alcohol,
- Fear of the dangers and alcohol-related effects,
- Born-again Christianity.

The majority of both male and female reported that the age at which they initially commenced consuming alcohol was at 16 and 18 years. Majority of the main reason as to why young adults started consuming alcohol was due to peer pressure, with influence from an adult being the least reported.

Table 3 Reason for consuming alcohol

Variable	Frequency
Peer pressure	103
curiosity	257
Because you felt “like it” (bored)	16
Influence of an adult	7

From the figure below, it can be deduced that the majority (141) of respondents who consume alcohol do so 4 or more times in a week and 54 at least once a month.

V. CONCLUSION

Many respondents strongly agree that alcohol has adverse effects on health such as stomach ulcers, liver damage and increases incidences of MVA cases. Hence, the need for emphasising education, information and awareness on understanding these harmful effects associated with alcohol.

Although this study did not look into relationships or associations between variables, it can be deduced that regardless of adequate knowledge presented by most of the respondents, there still seems to be a gap between knowledge, attitudes and practices. Alcohol use is known to be a major problem worldwide and Namibia is no exception; however, literature failed to locate sufficient documented research on KAP of young adults on alcohol use and its effects on their health in Namibia. Previous studies elsewhere beyond Namibia has presented similar findings as found with this study. This study however aimed at providing baseline data for future studies and interventions to combat alcohol related effects among the youth in our country. The study recommends that the MoHSS, MoE, Public health policy developers, and other NGOs to work together and target education, new policy initiatives, and awareness initiatives to emphasise dangers and / adverse effects that alcohol consumption has on society. As well as prevention strategies aimed at both sensible drinking and harmful use of alcohol. It is also recoment the MoHSS could introduce and implement routine screening for alcohol related problems as part of routine history taking to help identify any rising addictions or health related effects.

REFERENCES

- [1] /Uiras, K., & /Uirab, D. . (2015, November 25). Alcohol: A social lubricant or destroyer of lives? *The Namibian Newspaper*, p. 5. Retrieved from <https://www.namibian.com.na/index.php?page=archive-read&id=144705>
- [2] Kring, A. M., Johnson, S. L., Dvidson, G. C., & Neale, J.M. (2010). *Abnormal psychology*. (11th Edition.). United States: John Wiley & Sons, Inc.
- [3] Babbie, E. (2010). Belmont.
- [4] Babor, T. F. (2010). Alcohol: No ordinary commodity - A summary of the second edition. *Addiction*, 105(5), 769–779. <https://doi.org/10.1111/j.1360-0443.2010.02945.x>
- [5] Barclay, G. A., Barbour, J., Stewart, S., Day, C. P., & Gilvary, E. (2008). Adverse physical effects of alcohol misuse. *Advances in Psychiatric Treatment*, 14(2), 139–151. <https://doi.org/10.1192/apt.bp.105.001263>
- [6] Barth, K., & Hubbard, D. (2009). *Alcohol and youths: Suggestions for law reform*. Windhoek: Namibia.
- [7] Berkowitz, A. D., & Perkins, H. W. (1986). Problem drinking among college students: A review of recent research. *Journal of American College Health*. <https://doi.org/10.1080/07448481.1986.9938960>
- [8] Bivol, S. M. (2011). UNICEF- Government of Moldova country programme of cooperation. Leadership Area. Adolescents Health Development.
- [9] City of Windhoek. (2016). Windhoek, facts and figures.

- [10] Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd Edition.). Los Angeles: SAGE
- [11] de Bruijn, A. (2014). *Monitoring Alcohol Marketing in Africa. Findings from Kenya, Malawi, Namibia and Zambia*. World Health Organization.
- [12] De Vos, A.S; Strydom, H; Fouche, C.B; Delpont, C. S. . (2011). *Research at Grass Roots* (Fourth edi). Pretoria: Van Schaik publishers.
- [13] Dick, D., & Foroud, T. (2015). Genetic Strategies to Detect Genes Involved in Alcoholism and Alcohol-Related. *National Institute on Alcohol Abuse and Alcoholism Publications*.
- [14] Edwards, G., Marshall, E. J., & Cook, C. C. H. (2003). *The treatment of drinking problems: A guide for the helping professions. The treatment of drinking problems: A guide for the helping professions* (4th ed.). <https://doi.org/10.1017/CBO9780511910081>
- [15] Freeman, M., & Parry, C. (2006). *ALCOHOL USE LITERATURE*. Soul City.
- [16] Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.
- [17] Cataloguing-in-Publication
- [18] Granville-Garcia, A. F., Clementino, M. A., Gomes, M. da N. C., Firmino, R. T., Ribeiro, G. L. A., & Siqueira, M. B. L. D. (2014). Alcohol consumption among adolescents: *Ciência & Saúde Coletiva*, 19(1), 7–16. <https://doi.org/10.1590/1413-81232014191.1989>
- [19] Heim, D., Hunter, S. C., Ross, A. J., Bakshi, N., Davies, J. B., Flatley, K. J., & Meer, N. (2004). Alcohol consumption, perceptions of community responses and attitudes to service provision: Results from a survey of Indian, Chinese and Pakistani young people in Greater Glasgow, Scotland, UK. *Alcohol and Alcoholism*, 39(3), 220–226. <https://doi.org/10.1093/alcalc/agh042>
- [20] IARD. (2014). Submission on behalf of international alliance for responsible drinking (IARD) on WHO discussion paper 'Framework for country action across sectors for health and health equality.'
- [21] IARD. (2015). *Drink Driving Initiative*. Washington, DC 20036.
- [22] Jernigan, D., Noel, J., Landon, J., Thornton, N., & Lobstein, T. (2017, January 1). Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*. Blackwell Publishing Ltd. <https://doi.org/10.1111/add.13591>
- [23] Kafuko, A., & Bukuluki, P. (2008). Qualitative research in Uganda on knowledge, attitude and practices concerning alcohol. 2008, USAID. *Health Communication, YEAH and Afford: Corporate ...*, (617). Retrieved from <http://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Qualitative+Research+in+Uganda+on+Knowledge+,+Attitudes+and+Practices+Concerning+Alcohol#0%5Cnhttp://scholar.google.com/scholar?hl=en&btnG=Search&q=intitle:Qualitative+Research+in+Uganda+on+Kno>
- [24] Kalichman, S. C., Simbayi, L. C., Kaufman, M., Cain, D., & Jooste, S. (2007). Alcohol use and sexual risks for HIV/AIDS in sub-Saharan Africa: Systematic review of empirical findings. *Prevention Science*, 8(2), 141–151. <https://doi.org/10.1007/s11121-006-0061-2>
- [25] Kalunta-Crumpton, A., Kazembe, L., & Neema, I. (2018). Drugs and Drug Control in Namibia. In *Pan-African Issues in Drugs and Drug Control* (pp. 87–112). Routledge. <https://doi.org/10.4324/9781315599335-5>