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The Causes of Alcoholism in Kabale, Rubanda and Rukiga Districts of Western Uganda

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Abstract: *The study aimed to investigate the causes of alcohol consumption in Kabale, Rubanda, and Rukiga Districts. The study used a mixed-methods approach, combining quantitative and qualitative techniques to provide a thorough understanding of the causes of alcohol consumption in Kabale, Rubanda, and Rukiga Districts. Data from 618 respondents was collected and analysed quantitatively, supplemented with qualitative analysis. Since descriptive analysis required the description of a single variable and its attributes, frequency tables were used to present the data. The study found that there are numerous causes of alcohol consumption in Kabale Rubanda and Rukiga Districts. The study found that alcohol consumption in Kabale, Rubanda, and Rukiga Districts is influenced by cultural, social, economic, and psychological factors, with respondents reporting overwhelmingly negative effects on health, poverty, education, work, incarceration, marriage, and social respect. The study recommended that stakeholders address the root causes of alcohol consumption in Kabale, Rubanda, and Rukiga Districts by addressing harmful cultural practices through awareness campaigns, reducing social peer pressures through community dialogues, mitigating economic triggers by promoting income-generating opportunities, and dealing with psychological drivers through counselling, mental health support, and rehabilitation programs.*

Keywords: *Causes, Alcohol, Consumption, Rukiga, District*

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1. Introduction

Alcoholism is a major global public health issue. An estimated 2.3 billion people worldwide are current drinkers, with global per capita consumption among people aged 15 and up at approximately 6-8 litres of pure alcohol per year (World Health Organization [WHO], 2018; Our World in Data, 2021). Harmful alcohol use contributes significantly to the global disease burden, including injuries, noncommunicable diseases, and social harms, and it remains a major modifiable risk factor for premature death (WHO, 2018; WHO, 2023).

Alcohol consumption patterns vary across Africa: while average recorded per-capita consumption is lower than in Europe, the African region bears a disproportionately high burden of alcohol-related disease due to harmful use patterns, a high prevalence of unrecorded/illicit alcohol, and limited access to treatment and regulatory enforcement in many settings (WHO, 2018; ADARC/Ministry partners, 2019). Several East African countries report consumption and harmful drinking patterns that exceed regional averages, and public-health assessments show a growing concern across the subregion. Uganda stands out in East Africa for its high per capita alcohol consumption and heavy local burden of alcohol-related harms. According to recent national estimates, Uganda's total alcohol per-capita consumption (age 15 and up) is significantly higher than the African regional average, with figures in national and civil-society reports indicating total consumption in the double digits of litres of pure alcohol per person per year (WHO country profile; Uganda Alcohol Report, 2022). The high prevalence of unrecorded/illicit alcohol in Uganda exacerbates health and social risks while complicating measurement and policy responses.

Empirical research and programmatic reports identify multiple, interconnected causes of alcohol consumption on the global, regional, and local levels. The literature identifies several key drivers. Traditional alcohol use in ceremonies, rituals, and social gatherings can normalize early initiation and frequent use, integrating alcohol into community identity and practices (World Health Organization (WHO), 2018). Peer pressure and social expectations, particularly among adolescents and young adults, are consistently associated with higher alcohol consumption rates, which frequently reinforce harmful drinking patterns (Our World in Data, 2021; WHO, 2018). Unemployment, underemployment, and limited livelihood opportunities all increase the likelihood of frequent drinking as a coping strategy and leisure activity. The widespread availability of cheap, commercially produced, and illicit alcohol further reduces barriers to consumption (Uganda Alcohol Policy Alliance (UAPA), 2022). Stress, trauma, family neglect, and psychological distress have all been linked to self-medication and problem drinking, particularly in communities with limited access to mental-health services (Peltzer et al., 2011; WHO, 2018). Because of the lack of quality control and regulatory oversight, Uganda's high prevalence of unrecorded or illicit alcohol has significantly increased accessibility, decreased cost, and increased health risks (UAPA, 2022; WHO, 2018). Alcohol advertising, promotion, and lax regulation have been linked to normalizing drinking habits and increasing uptake, particularly among younger generations (Casswell & Thamarangsi, 2009; WHO, 2018). Local evidence supports these findings. Case studies from Bufundi Sub-County in Rubanda District and related fieldwork in Kabale have reported that illiteracy, poverty, leisure, peer influence, stress, and entrenched cultural practices are salient causal factors.

Despite documented high national consumption and an increasing number of local studies, there is still a need for integrative, context-sensitive analyses that link macro-level statistics to micro-level causes in the Kigezi subregion. National aggregates obscure subnational heterogeneity (such as differences between districts, urban/rural populations, and gender patterns), and routine datasets fail to capture the significant role of unrecorded alcohol and locally specific cultural practices. Understanding the proximate and distal causes of alcohol consumption at the district level is critical for developing effective and socially acceptable targeted interventions (regulatory, community-based prevention, livelihood support, and mental health services). The purpose of this study was to investigate and map the principal causes of alcohol consumption in Kabale, Rubanda and Rukiga Districts, integrating quantitative prevalence data with qualitative insights from community members, leaders, and service providers.

1.1 Statement of the problem

Alcoholism remains a significant global public-health challenge, contributing substantially to morbidity, mortality, and socio-economic disruption (Agaba & Turyasingura, 2023). . Although global consumption patterns indicate widespread use, the burden of alcohol-related harm is disproportionately high in Africa due to hazardous drinking behaviors, the prevalence of unrecorded alcohol, and weak regulatory and health systems. In East Africa—and particularly in Uganda—alcohol consumption levels exceed regional averages, with national reports indicating high per-capita intake and a substantial contribution of illicit and locally brewed alcohol (Agaba, Turyasingura,& Rugasira, 2025). Despite existing policies and interventions, harmful alcohol use persists, exacerbating public-health risks, reducing productivity, and deepening poverty.

In the Kigezi sub-region (Kabale, Rubanda, and Rukiga Districts), emerging local evidence points to a complex interaction of socio-cultural, economic, and psychological drivers, including poverty, illiteracy, peer pressure, stress, and entrenched cultural practices. However, national-level statistics often obscure these localized dynamics, and existing data systems inadequately capture the role of unrecorded alcohol and community-specific influences. This creates a critical gap in context-specific understanding necessary for designing effective interventions. If this gap persists, alcohol misuse will continue to undermine health outcomes, social stability, and development efforts in the region. Therefore, there is a pressing need for an integrative, localized analysis that links macro-level trends with micro-level realities to inform targeted and sustainable responses.

1.2 General Objective

This study aimed to investigate the causes and patterns of alcohol consumption in Kabale, Rubanda, and Rukiga

Districts in order to inform context-specific interventions.

1.3 Objectives

The following were the general objectives of this study

1. To examine the prevalence and patterns of alcohol consumption in Kabale, Rubanda, and Rukiga Districts.
2. To analyse the socio-cultural, economic, and psychological factors influencing alcohol consumption in Kabale, Rubanda, and Rukiga Districts.
3. To assess the role of environmental and regulatory factors—including availability of illicit/unrecorded alcohol, alcohol marketing, and policy enforcement—on alcohol consumption patterns in Kabale, Rubanda, and Rukiga Districts.

2. Literature Review

Globally, alcohol is embedded in many cultural and social traditions, with ceremonial and ritual drinking often normalizing its consumption (Turyasingura, Agaba and Kabagabe ,2023). The World Health Organization (WHO, 2018) notes that in many societies, traditional uses of alcohol during weddings, funerals, and community events perpetuate early initiation and normalize harmful drinking behaviors. Casswell and Thamarangsi (2009) argue that cultural embeddedness complicates prevention efforts, as abstinence is often perceived as social deviance rather than a healthy choice.

At the same time, peer and social influences constitute a consistent predictor of alcohol use worldwide. Data from *Our World in Data* (2021) suggest that adolescents and young adults are particularly vulnerable to peer pressure, often perceiving drinking as a marker of social inclusion. Social learning theory also provides a framework for understanding how individuals internalize drinking behaviors through observation and imitation within their social networks (Bandura, 1977, as cited in Peltzer et al., 2011).

In the African context, alcohol consumption is characterized by relatively lower average per-capita consumption compared to Europe, but higher rates of alcohol-related harm. This paradox is primarily due to harmful drinking patterns, including heavy episodic drinking and the widespread use of unrecorded or illicit alcohol (WHO, 2018). Research highlights that the availability of informal and home-brewed alcohol — such as “waragi” in East Africa — exacerbates health risks due to the lack of quality control and high ethanol content (Obot, 2006). Economic vulnerability also plays a central role in shaping alcohol consumption across Africa. Peltzer et al. (2011) found that unemployment, underemployment, and limited access to recreational opportunities increase susceptibility to problem drinking, particularly in low-income settings. Alcohol often serves as both a coping mechanism for stress and a substitute for leisure, thereby reinforcing cycles of poverty and ill health. Psychological distress has similarly been identified as a significant driver of alcohol use in African settings. In South Africa, for instance, high levels of stress, trauma, and domestic neglect have been linked to alcohol abuse (Peltzer et al., 2011). These findings highlight how structural and psychosocial vulnerabilities intersect to create environments conducive to harmful drinking.

Within East Africa, Uganda has consistently been ranked among the countries with the highest per-capita alcohol consumption (WHO, 2018). The Uganda Alcohol Policy Alliance (2022) attributes this to a convergence of economic, cultural, and regulatory factors. First, poverty and unemployment foster environments where alcohol becomes both a source of recreation and an economic fallback through small-scale brewing and selling. Second, widespread availability of unrecorded alcohol ensures low prices and high accessibility. Third, weak enforcement of alcohol-control policies allows commercial marketing and advertising to flourish, particularly targeting youth populations (Casswell & Thamarangsi, 2009).

The commercial determinants of health are increasingly recognized as key drivers of alcohol use in East Africa. Alcohol companies employ aggressive marketing strategies, often portraying drinking as modern, aspirational, and masculine (Casswell & Thamarangsi, 2009). This, coupled with weak regulatory systems, reinforces social norms that valorise drinking and undermine public health messaging (Agaba, Turyasingura & Rugasira 2025)

Uganda presents a particularly complex case, where both national-level statistics and local-level evidence demonstrate the multifaceted nature of alcohol consumption. According to WHO (2018), Uganda’s total per-capita consumption is substantially above the African average, and a significant proportion is attributed to unrecorded alcohol (Agaba and Turyasingura 2023). The Uganda Alcohol Report (UAPA, 2022) emphasizes the socio-economic consequences, including reduced productivity, increased healthcare costs, and heightened poverty levels. At the community level, recent case studies shed light on the specific drivers of alcohol use in rural districts. Natukunda (2024), in a case study of Bufundi Sub-County in Rubanda District, identified poverty, illiteracy, peer pressure, and stress as dominant factors driving alcohol consumption. Kabale University (2023) institutional reports similarly highlighted entrenched cultural practices and limited recreational alternatives as significant contributors. These local findings corroborate broader regional evidence but emphasize the role of contextual vulnerabilities such as illiteracy and rural poverty.

2.1 Prevalence and Patterns of Alcohol Consumption

Alcohol consumption remains a major public health concern globally, with persistent prevalence and evolving patterns across regions and population groups. According to the World Health Organization (WHO), alcohol use continues to be widespread, with approximately half of the global adult population reporting lifetime consumption. Despite ongoing public health interventions, global trends indicate relatively stable consumption levels over the past two decades, suggesting deeply entrenched social and cultural norms surrounding alcohol use (World Health Organization [WHO], 2024). The average daily intake among drinkers is estimated at approximately 27 grams of pure alcohol, a level associated with increased risks of non-communicable diseases, injuries, and premature mortality (WHO, 2024).

Regionally, significant disparities exist in both the prevalence and intensity of alcohol consumption. High-income regions, particularly Europe, report the highest per capita consumption, whereas regions such as the Eastern Mediterranean demonstrate relatively low prevalence due to cultural and religious influences (WHO, 2023). In contrast, Sub-Saharan Africa presents a unique pattern characterized by lower overall prevalence but higher levels of alcohol consumption among those who drink. Evidence indicates that drinkers in the African region consume disproportionately high amounts of alcohol per occasion, often exceeding global averages (WHO, 2024). This pattern is further complicated by the widespread consumption of informal and locally brewed alcoholic beverages, which are often unregulated and of varying alcohol content.

Empirical studies within Sub-Saharan Africa reinforce these observations. For instance, Tesfaye et al. (2019), in a systematic review conducted in Ethiopia, reported a current alcohol use prevalence of 23.86% and a lifetime prevalence of 44.16%. The study further identified an increasing trend in hazardous and harmful drinking behaviors, particularly among young adults and males. These findings are consistent with broader regional evidence suggesting that alcohol consumption is influenced by rapid urbanization, changing lifestyles, and increased availability of commercially produced alcohol.

In terms of consumption patterns, alcohol use varies widely across cultural and socio-economic contexts. One of the most prominent patterns globally is heavy episodic drinking (HED), commonly defined as the consumption of large quantities of alcohol within a short period. WHO estimates indicate that approximately 22% of drinkers engage in heavy episodic drinking, a behavior strongly associated with adverse health and social outcomes (WHO, 2024). In many low- and middle-income countries, including those in Africa, alcohol consumption is often characterized by infrequent but heavy drinking episodes rather than regular moderate intake. This pattern increases the risk of acute health consequences, including injuries, violence, and alcohol poisoning.

Age and gender differences further shape alcohol consumption patterns. Young adults, particularly those aged 18–25 years, exhibit the highest levels of alcohol use and are more likely to engage in binge drinking compared to other age groups (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2023). Gender disparities are also evident, with men consistently reporting higher prevalence rates and more hazardous drinking behaviors than women across different regions (Tesfaye et al., 2019). However, emerging evidence suggests a gradual convergence in drinking patterns between men and women in some settings, attributed to changing gender roles and increased social acceptance of alcohol use among women.

Recent trends in alcohol consumption reveal a complex and dynamic landscape. While some high-income countries have reported increasing rates of abstinence, particularly among younger populations, other regions continue to experience rising levels of alcohol use. These divergent trends highlight the influence of socio-cultural, economic, and policy-related factors in shaping drinking behaviors. Additionally, globalization and aggressive marketing strategies by alcohol industries have contributed to increased consumption, especially in low- and middle-income countries where regulatory frameworks may be weak.

Socio-cultural factors play a critical role in influencing alcohol consumption patterns. In many African societies, alcohol use is embedded in traditional ceremonies, social gatherings, and community interactions. At the same time, socioeconomic factors such as income levels, employment status, and education significantly affect drinking behavior. Studies have shown that alcohol consumption is often associated with other risk behaviors, including unsafe sexual practices, substance abuse, and poor academic or occupational outcomes (NIAAA, 2023).

Overall, the literature indicates that while the prevalence of alcohol consumption remains relatively stable globally, patterns of use vary significantly across regions and demographic groups. The persistence of hazardous drinking behaviors, particularly heavy episodic drinking, underscores the need for targeted public health interventions. Addressing these patterns requires a comprehensive approach that considers cultural contexts, socioeconomic determinants, and regulatory frameworks to effectively reduce alcohol-related harm

2.2 Socio-Cultural, Economic, and Psychological Factors Influencing Alcohol Consumption

Alcohol consumption is a multifaceted behavior shaped by an interplay of socio-cultural, economic, and psychological determinants. Understanding these factors is essential for designing effective interventions, particularly in low- and middle-income countries where alcohol-related harm is increasingly becoming a public health concern.

2.2.1 Cultural Factors

Socio-cultural contexts significantly influence alcohol consumption patterns by shaping norms, values, and expectations regarding drinking behavior. In many societies, alcohol use is embedded in cultural traditions, social rituals, and communal ceremonies, thereby normalizing its consumption. In Sub-Saharan Africa, for instance, alcohol is often used during marriage ceremonies, funerals, and community gatherings, reinforcing its social acceptability (World Health Organization [WHO], 2024). Such practices not only sustain alcohol use but also influence early initiation among younger populations through social learning mechanisms.

Peer influence and social networks further play a critical role in determining drinking behavior. According to Social Learning Theory, individuals are likely to adopt behaviors observed within their immediate social environment, particularly when such behaviors are rewarded or socially endorsed (Bandura, 1977). Empirical studies indicate that adolescents and young adults are more likely to consume alcohol when their peers engage in drinking, highlighting the role of social conformity and group dynamics (NIAAA, 2023).

Religious beliefs and cultural restrictions also shape alcohol consumption. In some communities, strong religious norms discourage or prohibit alcohol use, leading to lower prevalence rates. Conversely, in settings where such restrictions are weak or absent, alcohol consumption tends to be higher. Additionally, gender norms influence drinking patterns, with many cultures historically associating alcohol use with masculinity, thereby contributing to higher consumption levels among men (Tesfaye et al., 2019).

2.2.2 Economic Factors

Economic conditions are key determinants of alcohol consumption, influencing both access and patterns of use. Income levels, employment status, and pricing policies directly affect individuals' ability to purchase alcohol. In high-income settings, increased disposable income is often associated with higher alcohol consumption, whereas in low-income contexts, individuals may resort to cheaper and often more harmful locally brewed alcoholic beverages (WHO, 2024).

Unemployment and economic stress have also been linked to increased alcohol use as individuals may turn to drinking as a coping mechanism for financial hardship and uncertainty. Studies suggest that economic instability can lead to hazardous drinking patterns, including heavy episodic drinking, particularly among vulnerable populations (International Labour Organization [ILO], 2022).

Alcohol pricing and taxation policies are among the most effective economic tools for regulating consumption. Higher alcohol prices have been shown to reduce demand, particularly among young people and heavy drinkers. However, weak regulatory frameworks in many developing countries limit the effectiveness of such measures, allowing widespread availability of inexpensive alcohol (WHO, 2023).

Globalization and commercialization of alcohol markets have further influenced consumption patterns. Increased marketing and advertising, particularly targeting youth and emerging markets, have contributed to rising alcohol use in low- and middle-income countries. The expansion of multinational alcohol companies into these regions has increased accessibility and altered traditional drinking patterns (Jernigan & Babor, 2015).

2.2.3 Psychological Factors

Psychological determinants play a crucial role in shaping individual drinking behaviors, particularly in relation to motivation, coping, and mental health. Alcohol is often used as a means of coping with stress, anxiety, depression, and other psychological challenges. The self-medication hypothesis suggests that individuals may consume alcohol to alleviate emotional distress, which can lead to dependence and harmful use over time (Khantzian, 1997).

Personality traits, such as impulsivity, sensation-seeking, and low self-control, are also associated with higher levels of alcohol consumption. Individuals with these traits are more likely to engage in risky behaviors, including binge drinking (NIAAA, 2023). Furthermore, cognitive factors such as attitudes, beliefs, and expectations about alcohol influence drinking behavior. The Theory of Planned Behavior posits that individuals' intentions to consume alcohol are shaped by their attitudes toward drinking, perceived social norms, and perceived behavioral control (Ajzen, 1991).

Mental health conditions are strongly linked to alcohol use. Research indicates a high comorbidity between alcohol use disorders and conditions such as depression and anxiety. Individuals experiencing psychological distress are more likely to engage in harmful drinking, creating a cycle in which alcohol use exacerbates mental health problems (WHO, 2024).

Additionally, early life experiences, including exposure to trauma, family dysfunction, or parental substance use, significantly increase the likelihood of alcohol consumption later in life. Such experiences shape coping mechanisms and behavioral patterns, predisposing individuals to substance use as a form of emotional regulation (Felitti et al., 1998).

2.2.4 Synthesis of Factors

The interaction between socio-cultural, economic, and psychological factors creates a complex environment that shapes alcohol consumption patterns. For example, economic stress may increase psychological distress, which in turn leads to alcohol use as a coping mechanism, while socio-cultural norms may either reinforce or discourage such behavior. This interconnectedness underscores the need for a holistic approach to addressing alcohol-related problems.The literature demonstrates that alcohol consumption is not solely an individual choice but rather a behavior influenced by broader socio-cultural norms, economic realities, and psychological conditions. Effective interventions must therefore adopt a multidimensional approach that addresses these underlying determinants. Policies aimed at reducing alcohol-related harm should incorporate cultural sensitivity, economic regulation, and mental health support to achieve sustainable outcomes.

2.3 Environmental and Regulatory Factors Influencing Alcohol Consumption Patterns

Alcohol consumption patterns are not only shaped by individual and socio-cultural determinants but are also strongly influenced by environmental and regulatory contexts. These factors—including the availability of illicit or unrecorded alcohol, alcohol marketing and promotion, and the effectiveness of policy enforcement—play a critical role in determining both the prevalence and nature of alcohol use, particularly in low- and middle-income countries.

2.3.1 Availability of Illicit and Unrecorded Alcohol

Unrecorded alcohol refers to alcoholic beverages that are not taxed, regulated, or captured in official statistics. These include home-brewed drinks, illicitly produced spirits, and smuggled or counterfeit alcohol. The World Health Organization (WHO) estimates that globally, unrecorded alcohol accounts for approximately **25% of total alcohol consumption**, with significantly higher proportions in Sub-Saharan Africa (WHO, 2024).

The widespread availability of unrecorded alcohol has profound implications for consumption patterns. First, such alcohol is often cheaper and more accessible than commercially produced beverages, making it particularly attractive to low-income populations. Second, the lack of quality control increases the risk of harmful consumption due to variable alcohol content and potential contamination. Studies indicate that in many African settings, unrecorded alcohol is a primary driver of heavy episodic drinking, as it is frequently consumed in informal social settings with limited regulation (Rehm et al., 2022).

Furthermore, the informal nature of production and distribution undermines public health interventions such as taxation and age restrictions. As a result, efforts to reduce alcohol consumption through formal regulatory mechanisms are often circumvented, sustaining high levels of harmful drinking.

2.3.2 Alcohol Marketing and Promotion

Alcohol marketing is a powerful environmental determinant of consumption, particularly among young people. The expansion of global alcohol industries into emerging markets has been accompanied by aggressive advertising strategies that normalize and glamorize alcohol use. These strategies often associate alcohol consumption with success, social status, and modern lifestyles, thereby influencing attitudes and behaviors toward drinking (Jernigan & Babor, 2015).

Empirical evidence demonstrates a strong association between exposure to alcohol advertising and increased likelihood of alcohol initiation, frequency of use, and heavy drinking among adolescents and young adults (Anderson et al., 2009). In many low- and middle-income countries, regulatory frameworks governing alcohol marketing are weak or poorly enforced, allowing widespread exposure through television, radio, billboards, and digital media.

Digital marketing has further amplified this influence, enabling alcohol companies to target specific demographic groups through social media platforms. This form of marketing is often less regulated and more difficult to monitor, increasing its impact on vulnerable populations. Consequently, marketing practices contribute to shifting consumption patterns, including earlier initiation of drinking and increased normalization of heavy alcohol use.

2.3.3 Policy Frameworks and Enforcement

Regulatory policies are central to controlling alcohol consumption and mitigating its associated harms. Key policy instruments include taxation, restrictions on availability (e.g., licensing hours and outlet density), minimum legal drinking age laws, and advertising regulations. Evidence consistently shows that comprehensive and well-enforced policies are effective in reducing alcohol consumption and related harms (WHO, 2023). However, the effectiveness of these policies largely depends on the strength of their implementation and enforcement. In many developing countries, weak institutional capacity, corruption, and limited resources hinder effective enforcement. For example, despite the existence of laws regulating alcohol sales and consumption, enforcement is often inconsistent, allowing underage drinking and illegal sales to persist (Babor et al., 2010). In addition, informal alcohol markets complicate regulatory efforts. Since unrecorded alcohol operates outside formal systems, it is not subject to taxation or quality control measures, thereby reducing the overall effectiveness of policy

interventions. This regulatory gap contributes to sustained high levels of harmful alcohol consumption.

2.3.4 Environmental Availability and Physical Access

The physical availability of alcohol, including the density of alcohol outlets and proximity to residential areas, is another important determinant of consumption patterns. Studies have shown that higher outlet density is associated with increased alcohol consumption and related harms, including violence and accidents (Campbell et al., 2009). In many urban and peri-urban areas of Sub-Saharan Africa, alcohol outlets are widespread and often poorly regulated. The proliferation of informal drinking establishments further increases accessibility, particularly among young people. Easy access, combined with limited enforcement of licensing laws, contributes to higher consumption levels and more hazardous drinking patterns.

2.3.5 Synthesis and Implications

Environmental and regulatory factors interact in complex ways to shape alcohol consumption patterns. For instance, weak policy enforcement may enable the proliferation of illicit alcohol markets, while aggressive marketing increases demand for alcohol consumption. Together, these factors create an enabling environment for harmful drinking behaviours.

Addressing these challenges requires a comprehensive and integrated approach. Strengthening regulatory frameworks, improving enforcement mechanisms, and addressing the informal alcohol sector are critical steps. Additionally, restricting alcohol marketing—particularly targeting youth—and enhancing public awareness can help shift social norms and reduce consumption. The literature underscores the significant role of environmental and regulatory factors in influencing alcohol consumption patterns. The availability of unrecorded alcohol, pervasive marketing practices, and weak policy enforcement collectively contribute to hazardous drinking behaviours, particularly in low-resource settings. Effective interventions must therefore go beyond individual-level approaches and address the broader structural and environmental determinants of alcohol use.

2.3.6 Synthesis

The literature demonstrates that the causes of alcohol consumption are multi-dimensional and interdependent. Cultural and ritual norms create permissive environments; peer and social pressures drive initiation and continuity; economic deprivation and unemployment exacerbate reliance on alcohol as both livelihood and coping mechanism; psychosocial stress amplifies vulnerability to problem drinking; unregulated production increases availability and risk; and commercial marketing reinforces positive perceptions of alcohol use. These drivers converge to create environments where harmful alcohol use becomes both normalized and persistent.

In Uganda — and specifically Kabale, Rubanda, and Rukiga Districts — the interplay of these causes is evident. Local evidence not only mirrors global and regional trends but also highlights the role of unique contextual factors such as rural poverty, illiteracy, and entrenched traditional practices. This underscores the importance of localized, multi-sectoral interventions that address not only the symptoms of alcohol misuse but also its root causes.

3. Methodology

3.1 Study Design

This study applied a cross-sectional design. This design allows researchers to compare many different variables at the same time. The Kabale, Rubanda, and Rukiga Districts are the project's primary geographic focus. The researchers carried out initial triangulation research to profile baseline data for developing the best plan to educate communities on behaviour change on alcohol intake in order to boost household income.

3.2 Study Population

The research team conducted the scoping and mapping of the area of study to get conversant with the study variables and respondents. The study identified respondents to get data from, and these were: Politicians, religious leaders, community members, educationalists, NGOs, CBOs and local government administrators

3.3 Sample Size Determination

The study used a sample size of 618 respondents. These respondents were selected from all three districts, namely, Kabale, Rubanda, and Rukiga. Issues of validity and reliability were applied to data collection tools

Table 1: Sample frame of respondents

s/n	Category	Target	Actual	Sampling technique
1	Politicians	60	45	Simple random sampling
2	Religious leader	150	100	Simple random sampling
3	Community members	270	200	Simple random sampling
4	Educationalist	240	180	Simple random sampling
5	NGOs	18	12	Simple random sampling
6	CBOs	18	14	Simple random sampling

7	Local Government Administrators	90	67	Simple random sampling
	Total	630	618	

1) NGOs,	18	12	Purposive	Interview
2) CBOs	18	14	Purposive	Interview
3) Local government administrators.	90	67	Simple random sampling	Questionnaire
Total	630	618		

Source : Field data 2025

3.4 Data Gathering Tools

The triangulation study used the following instruments to collect data:

3.4.1. Documentary Review

Secondary data on community involvement in alcohol consumption in the districts of Rubanda, Kabale, and Rukiga were examined to assess whether government and donor programs have assisted people in quitting or reducing their alcohol intake. Investigators evaluated key studies on alcohol consumption and its effects on local and global income levels.

3.4.2 Key Informant Interviews

To ensure the findings were representative and credible, the study used a random selection of stakeholders from various sectors in Rubanda, Kabale, and Rukiga districts. Elders, teachers, church leaders, police officers, and representatives from non-governmental organizations (NGOs) participated in the survey. These categories were chosen specifically for their distinct roles in community life: elders as custodians of cultural values, teachers as knowledge facilitators, church leaders as moral guides, police officers as law enforcement officers, and non-governmental organizations as development partners. Collectively, these groups provided valuable insights into the socioeconomic and behavioral dynamics of the communities being studied.

3.4.3 Survey Questionnaire

A structured survey questionnaire was used to collect primary data for this study from project beneficiaries, who included men, women, political officials, and church leaders. To investigate household alcohol consumption, community-level variables were generated using Knowledge, Attitudes, Practices, and Beliefs (KAPB) analysis. The survey identified several key factors. The program's curriculum and instructional strategies were designed with demographic variables such as family size, head of household, and education level in mind. Gender composition was recorded to ensure gender equity, access, and equal opportunity considerations in program implementation, and age brackets were used to identify the most vulnerable populations. Knowledge variables assessed participants' understanding of alcohol-reduction strategies and participation in activities that could increase household income. Results of the survey informed

3.5 Quality Control

Validity and reliability are two factors that determine whether an instrument is appropriate for use in research. When referring to an instrument's suitability, the term validity is utilized. It refers to an instrument's ability to deliver precise results and measure the objects for which it is designed to do so. Reliability is the consistency of the instrument in measuring whatever it is intended to measure. (Amin, 2005)

3.5.1 Validity

Validity refers to the degree to which the findings of data analysis accurately reflect the phenomenon under investigation (Kothari, 2014). To ensure content validity, the researcher developed the study instruments, which were subsequently reviewed and approved by experts at Kabale University. The tools were pre-tested with a sample of respondents from Kanungu District who met the same inclusion criteria as the study population. Pre-testing allows for the early identification and correction of potential flaws, including ambiguous or confusing questions, insufficient space for responses, poorly structured items, and incorrect numbering (Kothari, 2014). To quantify content validity, the Content Validity Index (CVI) was calculated by multiplying the total number of items in the instrument by the sum of the number of items each judge rated as valid. The researcher consulted two Kabale University specialists and engaged four independent judges to evaluate each item on the instrument. The results were then used to compute the average CVI, providing a numerical measure of the instrument's content validity and ensuring that it accurately captured the constructs of interest.

Thus CVI = Number of items rated relevant by expert

Total number of items in the instrument

Summary of the reliability statistics

Judge 1. = 145/154=0.941

Judge 2. =135/154= 0.877

Judge 3. = 137/154= 0.889

Judge 4. = 139/154=0.903

Total	3.61/4=0.90.3

The research instrument's validity was assessed using the Content Validity Index (CVI), which was based on evaluations by four independent judges. The judges' individual CVI scores were as follows: Judge 1 = 0.941, Judge 2 = 0.877, Judge 3 = 0.889, Judge 4 = 0.903. The overall CVI was calculated to be 0.903, indicating that the judges agreed on the relevance and appropriateness of the instrument's items.

A CVI value above 0.80 is generally regarded as acceptable in social science research, while values above 0.90 indicate excellent content validity (Polit & Beck, 2006). As a result, an overall CVI of 0.903 indicates that the research instrument has high content validity and was suitable for accurately capturing the constructs of interest in this study. This indicates that the items are clear, relevant, and comprehensive, giving confidence that the instrument will accurately measure the intended phenomena in the study population.

3.52 Reliability

Reliability refers to the degree to which a research instrument consistently measures the construct it is intended to assess (Amin, 2005). In this study, the reliability of the survey instrument was evaluated using the Cronbach's alpha coefficient, which measures the internal consistency or average inter-item correlation of the scale (Cronbach, 1951). A higher alpha coefficient indicates that the instrument produces more consistent and precise measurements. According to Schrepp (2020), a Cronbach's alpha value of 0.7 or above is considered acceptable for research purposes. To ensure reliability, the researcher administered the data collection instrument to the same relevant respondents on three separate occasions, examining whether it consistently produced similar results. Additionally, a pilot study was conducted in the broader Kanungu District to test the instrument in the field and to assess the effect of alcoholism on household income. The pilot study helped refine the instrument by identifying any ambiguities, inconsistencies, or operational challenges before full-scale data collection, thereby enhancing the dependability of the study findings. The following Cronbach Alpha formula was used applied:

$$\alpha = \frac{K}{K-1}\left(1 - \frac{\sum SD^2 i}{SD^2 t}\right)$$

Whereby;

K = Number of items in the instrument

$SD^2 i$ = Variance of total instruments

$SD^2 t$ = Variance of a single individual item

α = Alpha

The findings are as follows:

Table 2: Reliability of data collecting tools

Variable	Reliability statistics
Individual factors	0.823
Social factors	0.925
Situational/Contextual Factors	0.841
Causes	0.876
Total	3.465
Average	3.465/4=0.866

Source: Field data 2025

The reliability of the research instrument was assessed across four key variables: stakeholders' engagement, stakeholder alignment, competitive positioning, and sustainability of coffee projects. The Cronbach's alpha values obtained were 0.823 for stakeholders' engagement, 0.925 for stakeholder alignment, 0.841 for competitive positioning, and 0.876 for sustainability of coffee projects, resulting in a total score of 3.465. The average Cronbach's alpha was calculated as 0.866.

According to standard reliability thresholds, a Cronbach's alpha value of 0.70 or higher is considered acceptable for social science research, while values above 0.80 indicate good internal consistency (Schrepp, 2020; Amin, 2005). Therefore, an average reliability coefficient of 0.866 demonstrates that the instrument exhibits strong internal consistency and is highly reliable for measuring the constructs under study. These results indicate that the items within each variable consistently capture the intended dimensions, providing confidence in the dependability and replicability of the study findings.

3.5.3 Data Analysis

The study employed a mixed-methods approach, integrating both quantitative and qualitative methodologies to ensure a comprehensive analysis of the data. For qualitative data, Nilsson's (2017) framework of open, axial, and selective coding was utilized to identify and organize emerging themes. The interpretative paradigm guided the categorization and comparison of qualitative findings, allowing for an in-depth understanding of the perspectives and experiences of the respondents (Rehm et al., 2020).

Quantitative data obtained from the survey questionnaires were analysed using descriptive statistics, including frequency distributions and percentages, to summarize patterns and trends across the study population. Data management procedures were rigorously applied to ensure secure storage, processing, and analysis, encompassing the management of servers, databases, networks, and computers. All quantitative analyses were conducted using the Statistical Package for the Social Sciences (SPSS) version 23, which facilitated systematic data handling and accurate computation of statistical measures.

3.6 Ethical considerations

This study on the causes of alcohol consumption in Kabale, Rubanda, and Rukiga Districts adhered to established ethical standards for research involving human participants. The following ethical principles were observed:

Ethical Approval and Clearance

Prior to data collection, ethical approval was obtained from the relevant authorities at Kabale University Research Ethics Committee. In addition, permission was sought from district local governments (Kabale, Rubanda, and Rukiga) and community leaders to ensure that the study complied with institutional and national research guidelines.

Informed Consent

All participants were fully informed about the purpose, procedures, risks, and benefits of the study before participation. Participation was strictly voluntary, and respondents were required to provide informed consent (either written or verbal). Participants were also informed of their right to withdraw from the study at any stage without any negative consequences.

Confidentiality and Anonymity

The study ensured strict confidentiality of all information provided by respondents. Personal identifiers such as names and addresses were not recorded in the data collection tools. Instead, codes were used to protect participants' identities. All collected data were securely stored and accessed only by the research team.

Privacy and Respect for Participants

Interviews and questionnaire administration were conducted in a manner that respected the privacy, dignity, and cultural values of participants. Sensitive questions—particularly those relating to alcohol use, personal behaviors, and family issues—were handled with care to avoid discomfort or embarrassment.

Minimization of Harm

Given that the study involved potentially sensitive topics such as alcohol use, stress, and psychological distress, the researchers ensured that no physical, psychological, or social harm was inflicted on participants. Where respondents showed signs of distress, the interview was paused or terminated, and appropriate support or referral to local counselling or health services was suggested.

Protection of Vulnerable Groups

Special attention was given to vulnerable participants, including individuals with low literacy levels, those affected by poverty, and persons struggling with alcohol dependence. For such participants, the consent process was simplified and clearly explained in local languages to ensure full understanding.

Voluntary Participation and Avoidance of Coercion

Participants were not coerced or unduly influenced to take part in the study. No excessive incentives were provided that could compromise voluntary participation. Engagement with community leaders did not translate into forced participation of community members.

Data Integrity and Honesty

The researchers ensured that data collection, analysis, and reporting were conducted with honesty, transparency, and integrity. Findings were reported accurately without fabrication, falsification, or misrepresentation.

Cultural Sensitivity

The study recognized the cultural significance of alcohol in some traditional practices within the Kigezi sub-region. Researchers approached the topic with cultural sensitivity to avoid stigmatization or disrespect of community norms while still addressing harmful practices.

Use of Findings

The findings of the study are intended solely for academic, policy, and development purposes. Results will be disseminated responsibly to stakeholders, including local governments and community organizations, to inform interventions aimed at reducing harmful alcohol consumption.

4. Results and Discussion

4.1 Response Rate

Response rate is the ratio of the actual number of respondents, vis-à-vis the targeted. The researcher had targeted to get information from the various respondents and got the following.

Table 4: Response rate showing the response rate of respondents

s/n	Category	Actual	Percentage	Sampling technique
1	Politicians	45	100	Simple random sampling
2	Religious leader	100	100	Simple random sampling
3	Community members	200	100	Simple random sampling
4	Educationalist	180	100	Simple random sampling
5	NGOs	12	100	Simple random sampling
6	CBOs	14	100	Simple random sampling
7	Local Government Administrators	67	100	Simple random sampling
	Total	618	100	

Source: Field data 2025

4.2 Socio-Demographic Characteristics of the Respondents

The results about the respondents' age, gender, level of education, and number of years in the workforce are presented in this section. working in the Kabale District of respondents, all of whom were regarded as crucial to the study.

4.2.1 Age of respondents

Age-related categories were used to group respondents. The distribution of respondents by age is shown in the frequency table (table 5).

Table 5: **Age of respondents**

		Frequency	Percent
Valid	18-30	220	35.6
	31-40	208	33.7
	41&above	190	30.7
	Total	618	100.0

Source: Field Data 2025

The majority of respondents (35.6%) were over the age of 18-30 years, followed by those between the ages of 31 and 40 (33.7%) and those between the ages of 401& above (30.7%). All respondents were mature to comprehend the causes and effects of alcohol consumption in Kabale, Rubanda and Rukiga Districts,

4.2.2 Gender of respondents

Table 6: Showing gender of respondents

		Frequency	Percent
Valid	Female	298	48.2
	Male	320	51.8
	Total	**618**	100.0

Source: Field data 2025

Table 6 above shows that, with 51.8% of respondents, men outnumbered women with 48.8%. This indicates that men consume alcohol more than female in Kabale, Rubanda and Rukiga Districts.

4.2.3 Residency of Respondents

Respondents were categorized according to their residency. The frequency table (table 7) was used to show the distribution of the respondents by residency.

Table 7: respondents' residency

		Frequency	Percent
Valid	Village	410	66.3
	Town	208	33.7
	Total	618	100.0

Source: Field data 2025

Table 7 above shows that, with 66.3% of respondents, village outnumbered town with 33.7%. This indicates that villages consume alcohol more than those in town in Kabale, Rubanda and Rukiga Districts.

4.2.4 Nationality of respondents

Respondents were categorized according to their nationality. The frequency table (table 4.5) was used to show the distribution of the respondents by nationality

Table 8: Showing nationality of respondents

		Frequency	Percent
Valid	Ugandans	560	90.6
	Non-Ugandans	56	9.4
	Total	**618**	100.0

Source: Field data 2025

Table 8 above shows that, majority of respondents had 90.6% compared to non-Ugandans with 9.4%. This indicates that alcohol consumption is among in Kabale, Rubanda and Rukiga Districts.

4.2.5 Marital status of respondents

Respondents were categorized according to their marital status. The frequency table (table 4.6) was used to show the distribution of the respondents by marital status

Table 9: respondents' marital status

		Frequency	Percent
Valid	Single	131	21.2
	Married	307	49.7
	Divorced	180	29.1
	Total	618	100.0

Source. Data from the field 2024

According to Table 9, the majority of respondents (49.7%) were single, which was followed by a divorced (29.1%) and a single (21.2%). This indicates that the research subjects possessed.

4.2.6 Number of children

Respondents were asked about the number of children they have. The frequency table (table 7) was used to show the number children of respondents.

Table 10: Level of education

		Frequency	Percent
Valid	1-3	170	27.5
	4-6	260	42.1
	7-10	188	30.4
	Total	618	100.0

Source. Data from the field 2025

According to Table 10, the majority of respondents (42.1%) had 4-6 children, which was followed by 7-10 children (30.4%) and 1-3 children (27.5%). This indicates that the majority of people who consume alcohol are those who have mean children in Kabale, Rubanda and Rukiga Districts.

4.2.7 Respondents' occupation

Respondents were asked about their occupation. The frequency table (table 11) was used to show the level of occupation.

Table 11: Respondents occupation

		Frequency	Percent
Valid	Farmer	186	30.1
	Teacher	232	37.5
	Business	200	32.4
	Total	175	100.0

Source. Data from the field 202

According to Table 11, the majority of respondents (37.5%) were teachers, which was followed by business (32.4%) and a farmer (30.1%). This indicates that the respondents were reliable and knowledgeable about the causes and effects of alcohol consumption in Kabale, Rubanda and Rukiga Districts.

4.2.8 Attendance to school

Respondents were asked whether they have attended school. The frequency table (table 12) was used to show the distribution of the respondents by attendance to school

Table 12: Showing Attendance to school of respondents

		Frequency	Percent
Valid	Yes	560	90.6
	No	56	9.4
	Total	**618**	100.0

Source: Field data 2025

Table 13 above shows that majority of respondents had attended 90.6% compared to those who did not attend school 9.4%. This indicates that alcohol consumption is among in Kabale, Rubanda and Rukiga Districts.

4.2.9 Level of education

Respondents were categorized according to their level of education. The frequency table (table 13) was used to show the distribution of the respondents by level of education.

Table 13: Level of education

		Frequency	Percent
Valid	Primary	160	25.9
	Secondary	209	33.8
	Tertiary	249	40.3
	Total	618	100.0

Source. Data from the field 2025

According to Table 13, the majority of respondents (40.3%) completed tertiary, which was followed by secondary (33.8%) and lastly primary (25.9%). This indicates that the research subjects possessed the educational background required to comprehend the enquiries and provide precise responses.

4.2.10 People staying with the respondent

Respondents were asked to respond on the people they stay with in the house. The frequency table (table 14) was utilized to display the respondents' people they stay with in the house.

Table 14: **Number of people staying with respondent**

		Frequency	Percent
Valid	1-4	335	54.2
	5-7	270	43.7
	8&above	13	2.1
	Total	618	100.0

Source: Field Data 2024

Table 14 above shows majority of number of people staying with the respondent is between 1-4 with 54.2%, followed by 5-7 with 43.7% and 8&above with 2.1% respectively in the districts of Kabale, Rubanda and Rukiga. This demonstrates that all respondents have people they look at.

4.2.11 Position Held in the family

Respondents were asked to respond on the people they stay with in the house. The frequency table (table 15) was utilized to display the respondents' people they stay with in the house.

Table 15: **Position held in the family**

		Frequency	Percent
Valid	Father	210	33.9
	Mother	282	45.6
	Dependent	128	20.5
	Total	618	100.0

Source: Field Data 2025

Table 15 above shows majority of the respondents were mothers with 45.6%, followed by fathers with 33.9% and lastly dependents with 20.5%.

4.3 Causes of alcohol consumption in Kabale, Rubanda and Rukiga Districts

Examining the causes of alcohol consumption was the second objective in Kabale, Rubanda and Rukiga Districts. The primary and secondary sources provided the data needed to accomplish this. This was done using a five-scale questionnaire of strongly Agree (SA), Agree (A), Undecided (UD), Disagree (D) and Strongly Disagree (SD). A summary of the responses is presented in the table below.

Table 16: **Analysis on the seven statements that were subjected to the respondents**.

Key: Strongly Agree (SA) 5, (Agree (A) (4), Undecided (UD) 3, Disagree (D) 2 and Strongly Disagree (SD) 1

Response	**Agree**		**Undecided**		**Disagree**	
	F	**%**	**F**	**%**	**F**	**%**
Do you drink alcohol because it is pleasurable	618	100	00	00	00	00
I drink alcohol because I like being high or intoxicated	499	80.8	80	12.9	39	6.3
I drink alcohol because it calms me down when am stressed	618	100	00	00	00	00
I drink alcohol because I feel abnormal when I don't drink	561	90.8	57	9.2	00	00
I drink alcohol because I concentrate better when I drink	510	82.5	108	17.5	00	00
I drink alcohol because when I stop I feel bad (am nervous, irritable, and sleep poorly	618	100	00	00	00	00
I drink alcohol solely out of habit	540	87.4	78	12.6	00	00

Source: Field data 2024

Table 16 above provides analysis of the seven statements given to respondents to gauge the causes of alcohol consumption in Kabale, Rubanda and Kisoro Districts. When asked "Do you drink alcohol because it is pleasurable?' all respondents with 100% agreed with the statement during data collection. I drink alcohol because I enjoy getting high or intoxicated, respondents were questioned. In contrast to 12.9% of respondents who were unsure during data collection, 80.8% of respondents agreed. When asked again if they drink alcohol because it helps them relax when they're stressed, all respondents (100%) agreed throughout data collection. When asked if they consume alcohol because they feel strange when they don't, 90.8% of respondents said they do, while 9.2% said they weren't sure. During data collection, all respondents (100%) agreed when asked if they drink alcohol because it helps them concentrate. Respondents were asked if they felt anxious, irritable, and had trouble sleeping when they stopped drinking alcohol, and all of them (100%) agreed. When asked if they consume alcohol only out of habit, 87.4% of respondents said they do, while 12.6% said they are unsure.

Using an interview guide, respondents were asked qualitatively what reasons might be contributing to their high alcohol use in their local communities.

Response 1 (one)

"*Drinking alcohol is common and frequently regarded as the social norm in Kabale, Rukiga and Kisoro . Because people feel free to engage in drinking activities without worrying about social shame unless their behaviour becomes disruptive, this acceptability may result in higher consumption".*

Respondent 2 (two)

"*Making and selling homemade alcoholic beverages is a common way for people to make money. Because locally made alcohol is more readily available and reasonably priced, many people who might not otherwise have access to more costly commercial options drink it".*

Respondent 3 (Three)

"*Stressors including unemployment, poverty, and a lack of mental health resources might cause people to turn to alcohol as a coping method. Drinking may offer momentary solace from everyday difficulties due to the perceived pleasure it brings***".**

Respondent 4(four)

"*Drinking habits are greatly influenced by social circles. People may drink in order to blend in with friends or relatives who also drink frequently, which feeds the cycle of peer group drinking***".**

After analysing the qualitative data, this study confirmed that the quantitative and qualitative findings were related. The qualitative data clearly supported the quantitative data, as the two data sets agreed.

4.4 Hypothesis Testing

The study tested the stated hypotheses in order to generalize the results from the population samples. This was achieved through the use of inferential statistics. Correlation and regression analyses were used to determine whether there was a relationship between the independent and dependent variables, as well as the magnitude and direction of the relationship, in order to develop the relationship model and test the two hypotheses. To validate the alternative hypothesis that causes of alcohol consumption in the greater Kabale District (Kabale, Rubanda and Rukiga Districts). Pearson's product-moment correlation coefficient was then used to calculate the magnitude of the relationship, as shown in the table below:

Table 17: Correlation analysis for the causes of alcohol consumption in greater Kabale District

		Alcohol consumption	Causes
Alcohol consumption	Pearson Correlation	1	689**
	Sig. (2-tailed)	.000	.000
	N	618	618
Causes	Pearson Correlation	. 689**	. 1
	Sig. (2-tailed)	.000	.000
	N	618	618

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Primary Data 2025

The Pearson correlation analysis revealed a strong and statistically significant positive relationship between alcohol consumption and its identified causes ($r = 0.689$, $p < 0.001$, $N = 618$). This indicates that the factors identified as causes are strongly associated with higher levels of alcohol consumption among the respondents. The significance level ($p < 0.01$) confirms that the observed relationship is unlikely to be due to chance. These findings suggest that interventions aiming to reduce alcohol consumption in Greater Kabale District should address the underlying causes, as they play a critical role in influencing consumption behaviors.

Table 18: Model summary causes of alcohol consumption in greater Kabale District

Mode l	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	. 689[a]	.799	.787	.32040

a. Predictors: (Constant), Causes

Source: field data 2025

The regression model examining the causes of alcohol consumption shows a multiple correlation coefficient (R) of 0.689, indicating a strong relationship between the identified causes and alcohol consumption. The R^2 value of 0.799 suggests that approximately 79.9% of the variation in alcohol consumption can be explained by the causes included in the model. The adjusted R^2 of 0.787 accounts for the number of predictors, confirming that the model provides a robust fit. The standard error of the estimate (0.32040) indicates a moderate average deviation of the observed values from the predicted

values, reflecting a reasonable level of predictive accuracy.

Table 19: Regression output summary of causes of alcohol consumption in greater Kabale District

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.680	.507		5.282	.000
Causes	.362	.124	. 689	2.928	.004

a. Dependent Variable Alcohol Consumption

Source: Field Data 2025

The regression results indicate a significant positive relationship between the identified causes and alcohol consumption among respondents in Greater Kabale District. The unstandardized coefficient (B) for causes is 0.362 (SE = 0.124, p = 0.004), suggesting that for every one-unit increase in the causes, alcohol consumption is expected to increase by 0.362 units, holding other factors constant. The standardized coefficient (β = 0.689) reflects a strong effect of these causes on alcohol consumption. The constant term (B = 2.680, p < 0.001) indicates the baseline level of alcohol consumption when the causes are zero. The t-value of 2.928 and the significance level confirm that the causes are statistically significant predictors of alcohol consumption. These findings highlight that the factors identified as causes play a critical role in influencing alcohol consumption behaviours in Greater Kabale, underscoring the need for targeted interventions addressing these underlying causes.

5. Conclusion and Recommendations

5.1 Conclusion

The study concluded that alcohol consumption in Kabale, Rubanda, and Rukiga Districts is driven by cultural, social, economic, and psychological factors, with respondents overwhelmingly reporting its negative effects on health, poverty, education, work productivity, incarceration, marriage, and social respect.

5.2 Recommendation

A comprehensive strategy is advised in order to successfully lower the factors that contribute to alcohol consumption in the Ugandan districts of Kabale, Rubanda, and Rukiga. In order to address the root causes of alcohol use disorders (AUD), this strategy should include healthcare treatment, policy reform, community education, and support networks.

Contribution to knowledge

This study contributes to knowledge by providing empirical evidence on the multifaceted causes of alcohol consumption in Kabale, Rubanda, and Rukiga Districts, highlighting the interplay of cultural, social, economic, and psychological factors, and demonstrating how excessive alcohol use affects household income, education, health, social respect, and community well-being; these insights extend existing literature on alcohol abuse in rural East African contexts and offer a foundation for designing targeted interventions and policies to mitigate harmful drinking behaviors.

Researcher agenda to the University

This study contributes to Kabale University's research agenda by demonstrating the institution's dedication to addressing pressing socioeconomic and public health issues in the Greater Kigezi region. The study generates empirical evidence for policy, development programs, and educational curricula by conducting a systematic investigation into the causes, consequences, and community-level interventions related to alcohol consumption. It strengthens the university's position as a hub for applied and contextually relevant research, particularly in the fields of community development, health promotion, and rural livelihood. Furthermore, the research promotes interdisciplinary collaboration between departments such as social sciences, public

health, and business, while also providing opportunities for capacity building, student engagement, and knowledge translation to local stakeholders. Finally, the findings contribute to evidence-based decision-making, raise the university's visibility in regional development initiatives, and align with

Contribution of the Study to Uganda's National Development Goals

This study on alcohol consumption in Kabale, Rubanda, and Rukiga Districts contributes empirical evidence to Uganda's Vision 2040 and NDP III by examining its socioeconomic, health, and educational implications. The findings inform policy and community interventions aimed at increasing household income, reducing poverty, improving education and health outcomes, and encouraging entrepreneurship. The study advances Uganda's broader goals of human development and national growth by promoting behaviour change, community engagement, and sustainable practices, as well as economic transformation, social development, good governance, and resilience**.**

Contribution to East African Vision

This study contributes to the East African Vision by providing evidence on the drivers and impacts of alcohol consumption, informing policies and community interventions that enhance productivity, health, and social well-being. By promoting behavior change, entrepreneurship, and youth empowerment, the research supports the EAC Vision 2050 goals of sustainable development, regional integration, and inclusive growth.

Contributions to Sustainable Development Goals

This study on alcohol consumption in Kabale, Rubanda, and Rukiga Districts contributes significantly to meeting multiple Sustainable Development Goals by providing evidence-based insights into the social, economic, and health determinants of excessive alcohol consumption. By identifying the cultural, social, economic, and psychological factors that influence alcohol consumption, the study informs interventions that can reduce poverty (SDG 1), improve health and well-being (SDG 3), and increase access to quality education for children affected by household alcohol misuse (SDG 4). The study advances gender equality (SDG 5) by investigating the different effects of alcohol on men and women, while also promoting inclusive economic growth and entrepreneurship development (SDG 8) through community-based programs and behaviour change initiatives.

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