

**PERSONS WITH DISABILITY AND ALCOHOLISM. A CASE STUDY OF OLUKO
DIVISION, ARUA CITY**

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M22/ASC/BSW

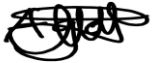
**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF
BACHELOR OF SOCIAL WORK OF UGANDA CHRISTIAN UNIVERSITY**

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DECLARATION

I AYIKORU BABRA, declare that this research proposal is my original work and has been written by me and I therefore affirm that it has never been submitted for an award of a degree or any other academic qualifications in any university or academic institution.



SIGN

28th March 2025

DATE

APPROVAL

This is to certify that AYIKORU BABRA has completed the research proposal under my guidance and it is now ready for submission to Uganda Christian University.



MR. ODOKONYERO RICHARD GODY
SUPERVISOR

28th March 2025

DATE

DEDICATION

This research proposal is dedicated first to the Almighty God, for His enabling strength He bestowed on me in completing it. He has strengthened me through this research proposal writing. I dedicate this work to my beloved parents, siblings, Leletu, Mr. Sam Isaac Ejooyi, Amos Kwaje, Otim, Minala, Mana, Annie Ludia, Basemath and Arise Center who always helped me out in many situations. You all gave me valuable support and advice. Am really humbled and indebted to you all. Thank you all for guiding me. Not forgetting everyone who supported me in one way or another.

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I am most grateful to God Almighty, the sole provider of knowledge, wisdom, love, mercy, and grace for His protection throughout the period of the research proposal.

Nobody has been more important to me in achieving this research proposal than my family members. I would like to thank my parents (Mr. Osoma Bosco Agoh and Mrs. Driciru Beatrice), whose love and guidance were with me in whatever I pursue. You were great role models.

I would like to express my sincere thanks and gratitude to the department of social sciences of UCU for providing me the unmatched opportunity to practically integrate career-related experiences with theory taught at the university.

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ACRONYM

PWDS	Persons With Disabilities.
PDM	Parish Development Model.
NGOs	Non-Governmental Organizations.
WHO	World Health Organization.
UCU	Uganda Christian University.
CDO	Community Development Officer.
UNODC	United Nations Office on Drug and Crime
NIDA	National Institute on Drug Abuse
UBOS	Uganda Bureau of Statistics

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ABSTRACT.

This study was conducted on PWDs and Alcoholism in Oluko Division, Arua City. The objectives were to explore the factors that make PWDs to take alcohol, ascertain the impacts of alcoholism on PWDs, and to advance possible remedies meant to solve the problem of alcoholism among PWDs in Oluko Division.

The research analyzed the factors and extent to which alcoholism impairs cognitive functions, affects physical health conditions (worsens), and increased economic hardships. It further advanced preventive remedies and interventions that can mitigate these negative outcomes. The findings aimed to inform PWDs, policymakers, CBOs, and healthcare professionals on strategies to alcoholism. This study used a cross-sectional survey design. This design involved gathering data from a population sample at a particular time. The researcher used qualitative and quantitative data collection methods to achieve the study objectives. The data collection tools included questionnaires, interviews and Focus group discussion, enabling the researcher to get firsthand information. The quantitative data was analyzed using statistical methods to identify trends, correlations, and patterns in the study topic. Qualitative data from interviews and focus group discussions was thematically analyzed to extract key themes and insights. Validity was enhanced by seeking the approval and opinion of the supervisor before proceeding to collect the data there after.

In conclusion, the research explored social isolation, physical pain associated with certain disabilities, mental health conditions like depression and anxiety, and lack of accessibility to treatment/ support services as the causes of alcoholism that has led to increased disability complications, mental health decline, worsening of physical health conditions, and increased economic hardships among others. The researcher therefore recommended implementation of trauma-informed care for PWDs, advancing community based rehabilitation for a disability inclusive society, treatment services should be physically accessible, regular needs assessment conducted by government to establish real challenges of PWDs on ground, regular meetings with member representatives (PWDs leaders, VHTS, LC1) to make them understand further details of

alcoholism, their effects to inform strategies to alcoholism among PWDs in Oluko Division.

CHAPTER ONE INTRODUCTION.

1.0 Introduction.

This study investigated persons with disability and alcohol intake in Oluko Division, Arua city. This chapter covered the background and context, statement of the problem, purpose of the study, objectives of the study, the research question, and scope of the study and significance of the study.

1.1 Background and context.

Persons with disabilities have become a part and parcel of every human society. Globally, the WHO has estimated that about 500 million (80% from developing countries) people live with one or multiple disabilities around the world. However, it is quite unfortunate that persons living with disabilities in Uganda and other developing countries constitute an impoverished and marginalized group, often characterized by a lack of access to public health, education, and other social support services that would ideally support and protect people with disabilities. In a submission by Kofi (2013), economically and in social terms, persons who are living with disabilities in many developing countries are classified as the poorest of the poor. Different authors and authorities have been able to propose and put forward different definitions of disability. For example, in the words of the WHO, disability is characterized as the outcome or the result of a complex relationship between an individual's health condition and personal factors, and of external factors that represent the circumstances in which the individual lives. Similarly, Stanley (2012) further declared that people can be disabled by physical, intellectual or sensory impairments, medical conditions or mental illnesses.

Alcoholism is a chronic relapsing disease characterised by denial and inability to discontinue its use despite knowing its adverse consequences. A person is considered to suffer from chronic alcoholism if his uses of alcohol is up to such extent that interferes with successful physical, mental and social functioning. The National Council on alcohol and drug dependency and The American society of Addiction Medicine define alcoholism as “a primary, chronic disease characterised by impaired control over drinking, preoccupation with the drug alcohol despite adverse consequences and distortions in

thinking”. Arua city is characterized by a diverse population that indicates a significant number of persons with disabilities. The intersection of disability and alcoholism presents unique challenges for this demographic. Alcoholism can intensify existing health issues, hinder social integration, and contribute to economic instability among PWDs. The cultural context in Arua city often stigmatizes both disability and substance abuse, leading to marginalization and inadequate access to support services. Understanding the dynamics between disability and alcoholism is crucial for developing effective interventions that promote health and well-being among PWDs in this region. Research indicates that PWDs may turn to alcohol compared to their non-disabled counterparts as a coping mechanism for dealing with social isolation, discrimination, lack of support systems or physical pain associated with their conditions. Additionally, the availability of alcohol and societal attitudes towards drinking can influence patterns of consumption among PWDs. Therefore, this study aims to investigate the relationship between PWDs and alcoholism while examining the underlying factors and potential solutions in depth within the context of Oluko Sub-county, Arua City.

1.2 Statement of the problem.

PWDs face numerous challenges including social, economic and health related barriers. Alcoholism has merged as a significant concern within the population of Oluko division Arua city exacerbating existing vulnerabilities. PWDs may turn to alcohol as a coping mechanism to deal with physical, emotional and social hardships such as discrimination, exclusion, unemployment and limited access to mental support. However, the intersection between disability and alcoholism undergoes research leading to insufficient policy interventions, support systems and rehabilitation tailored to this unique group. This problem creates a circle of dependence and further marginalization as alcoholism among PWDs can lead to deteriorating health, increasing social isolation and a higher risk of poverty. Therefore, there is a critical need to explore the root causes, prevalence and impact of alcoholism and PWDs while developing inclusive approaches to prevention and support.

The government and private sector have incorporated some intervention like PDM, Trauma healing sessions, Relief and Rehabilitations programs. However, the missing

include, lack of sustainable remedies geared towards addressing the problems of too much consumption of alcohol among PWDs. And this is evident by the fact that, besides the so many interventions undertaken, this problem has continued to exist and it is why I intend to foster this study beyond what has so far been studied.

1.3 The purpose of the study.

The purpose of conducting a study on PWDs and alcoholism in Oluko Division, Arua city was to investigate the prevalence, factors, impacts and possible remedies related to alcohol intake within this specific population.

1.4 Objectives of the study.

The study was guided by the following objectives:

1. To explore the factors that make PWDs to take alcohol.
2. To ascertain the impacts of alcoholism on PWDs.
3. To advance possible remedies meant to solve the problem of alcoholism among PWDs.

1.5 Research Questions.

The research addressed the following research concerns:

2. What factors compel the PWDs to resort to alcoholism?
3. How does alcoholism impact the physical mental and social health of PWDs?
4. What strategies can be employed to address the problem of alcoholism among the PWDs?

1.6 Scope of the study.

The study focused on Oluko Sub-county, Arua city, as it looked at the relationship between PWDs and alcoholism, investigated the underlying factors contributing to alcoholism, impact and remedies.

1.6.1 Content scope.

The study focused on the knowledge to understand the in-depth analysis of alcoholism among the PWDs, contributing factors, impact assessment and recommendations for intervention. Such information was vital in making policies and programs, provides valuable insights into how best to address these critical issues within Oluko Sub-county, Arua city

1.6.2 Geographical scope.

The study was conducted in Oluko Division, Arua City which is boarded by Maracha district in the north, Terego district in the east, Arua district in the south and The Democratic Republic of Congo in the west. Oluko division has 9 wards namely, Ambeko, Nyio, Turu, Anipi, Omobokoro, Wandi, Bunyu, Onzivu, Yabiavoko and consists of 84 cells like Oyufi, Amuva, Dadawu, Eliava, Olivu, Oreko, Pangawa, Vudrikali, Odravu, Okaa, Rupa, among others.

1.6.3 Time scope.

The study considered trends over the past 5 year and was to be conducted from 2019 to 2024 to understand changes and patterns in the relationship and impact of alcoholism among PWDs.

1.7 Significance of the study.

This study held significant importance for multiple stakeholders as follows;

- i. The study was to help people understand the unique problems that PWDs face when it comes to alcoholism. By informing PWDs and their families about the resources available for support and treatment, increasing awareness of these concerns can empower them. In addition to that, more understanding among the public health authorities, policy makers, and community organizations leads to effective support systems.
- ii. Public health officials were able to gain insights into the causes and impact of alcoholism among PWD in Oluko Division, Arua city so that they can develop better and focused interventions that address both physical and mental health needs of PWDs.

- iii. The results was able to guide policy decisions in the creation of focused interventions and support services that are tailored to the needs of PWDs battling with alcoholism. For instance, offering specialized counselling, rehabilitation programs, that address the particular challenges of this group.
- iv. Data collected from this research was used to further similar studies in related areas.
- v. This research was able to help community Organisations most especially the local NGOs working with the disabled populations to improve their outreach efforts and establish a friendly environment that discourages alcoholism.

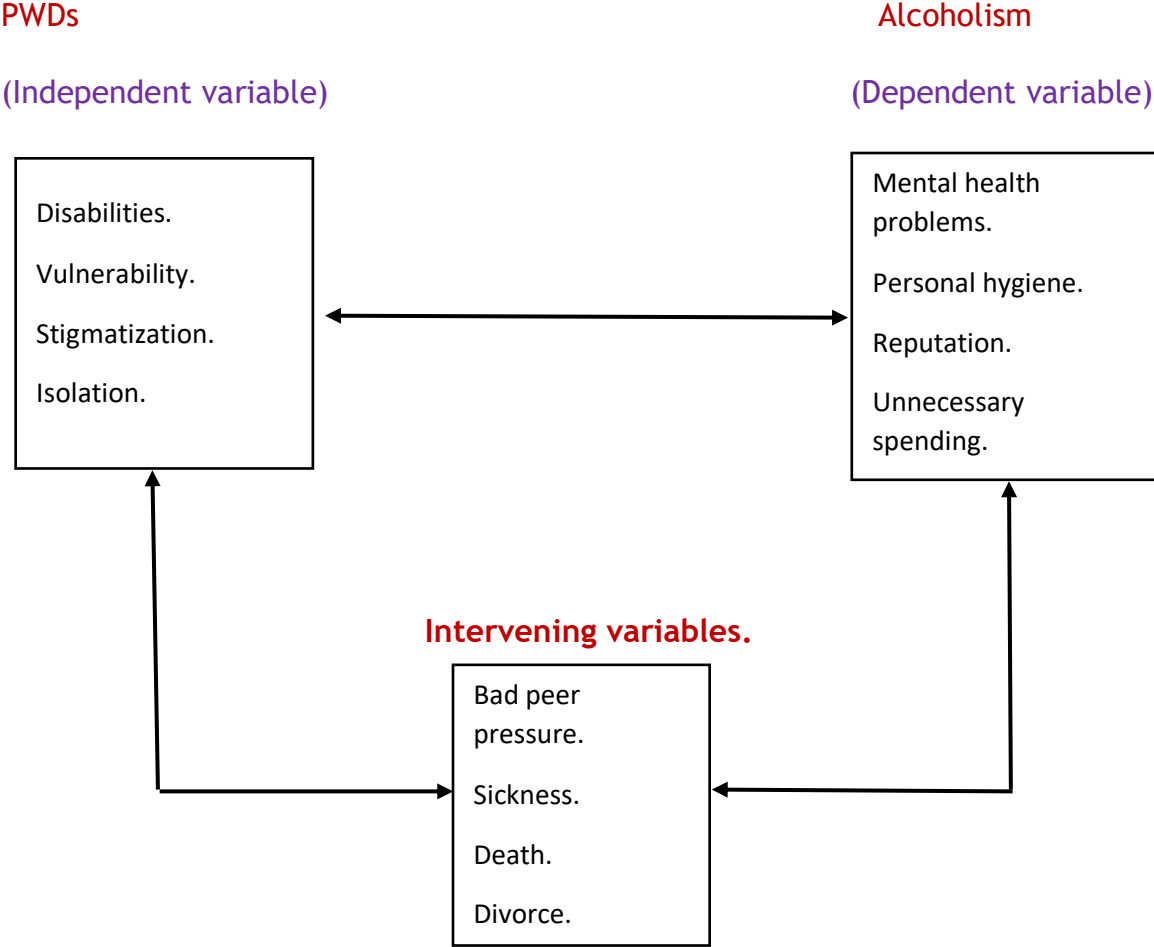
1.8 Justification of the study.

- i. Limited research has been done on PWDs and alcoholism especially in particular geographic areas like Oluko division. Most studies are often generalized or focus on broader regions, which may not capture the unique local dynamics. This study aims at fill this gap by providing localized insights and data.
- ii. Addressing alcoholism among PWDs will have significant implications for public health strategies and social services. By identifying the causes and effects of alcoholism within this demographic, the study will help design polices, implement tailored interventions and allocate resources that are responsive to the needs of this group.
- iii. PWDs who struggle with alcoholism may face more difficult challenges, such as worsening health issues, increased social isolation, and economic hardships. Understanding these challenges helps in designing comprehensive support systems that address both disabilities and substance abuse.

1.9 Conceptual framework.

This conceptual framework illustrated the relationship between PWDs and Alcoholism.

Persons with disability and alcoholism



The relationship between PWDs and alcoholism shown in this conceptual framework is cyclic with independent variable leading to the dependent and intervening variables as indicated above. The framework focused on variables such as PWD’s consumption of alcohol which was majorly caused or motivated by vulnerability, stigmatization, isolation that contribute to alcohol use in this population. This consumption of alcohol affects PWDs’ mental health, personal hygiene, reputation and unnecessary spending. These contribute to cases of bad peer influence, sickness, death, divorce and theft among the PWDs which can be mitigated through interventions and support systems like

implementing trauma-informed care workshops for PWDs and advocacy programs to reduce stigma and provide vocational training, skills development workshop, and resources for PWDs to start their own businesses by the help of NGOs, advancing community based rehabilitation for a disability inclusive society and conducting awareness campaigns by the government about the rights and abilities of PWDs. In addition, promoting inclusive education, employment and public spaces to cater to the needs of PWDs

1.10 Study populations.

A study population is the population to which the researcher ultimately wants to generalize the results. The research targeted PWDs residing in Oluko Division, Arua city. This encompasses physical type of disability and involved interactions with local council 1 members, medical workers, CDO's and community organisations that work with disabled individuals.

CHAPTER TWO LITERATURE REVIEW.

2.0 Introduction.

Literature review is an exercise, in which the researcher tries to identify, locate, read and evaluate previous studies, observations, opinions and comments related to his intended topic. (Nworgu, 2006). In this chapter, the researcher reviewed related literature on the independent variables based on the study objectives.

2.1 Theoretical review.

This study was guided by the social support theory by Cohen and Wills (1985). Social support theory is a psychological framework that explores the importance social connections and relationships for individuals' well-being during times of stress or challenge. According to this theory, social support can take many forms, including emotional support (e.g providing comfort, encouragement, or empathy), informational support (e.g., providing advice or guidance), and instrumental support (e.g., providing practical assistance or resource). Research by Cohen and Wills (1985) has shown that social support can have a significant impact on individuals' physical and mental health outcomes. For example, individuals who have strong social support networks are less likely to experience depression, anxiety, and other mental health issues. It can also improve individuals' ability to cope with stressors and recover from illness or injury. Social support can come from a variety of sources, including family members, friends, co-workers, and community organizations. The type and amount of social support an individual receives can vary depending on factors such as their personality, culture, and social environment.

By understanding the social support theory, individuals can identify ways to provide meaningful support to those who may be experiencing difficult times. This may involve offering emotional or practical assistance, connecting individuals with community resources, or simply being present and available to listen and offer support. Since this theory posits that social support can mitigate the adverse effects of stress. For PWDs in Arua city, the availability and quality of social support can influence their alcohol use patterns.

2.2 Factors that make PWDs to take alcohol.

According to Dunn et al (2018), higher prevalence of mental health issues or conditions such as depression and anxiety among people with disabilities may lead to increased alcohol consumption as a form of self-medication and means of escape or relief from their psychological distress. In the study conducted by Miller & White (2016), due to psycho-social stress; disability can lead to social isolation, low self-esteem, and chronic stress, which may increase the likelihood of alcohol use as a coping mechanism.

One study conducted by Gatechel et al (2007) explored that physical pain which can be chronic associated with certain disabilities may lead individuals to use alcohol for pain relief. Furthermore, a study by Nosek et al (2001) highlighted that social and environmental factors like lack of accessibility, discrimination, and social marginalization can contribute to alcohol use as a way to manage these external pressures or seek solace in alcohol as a form of self-medication.

2.3 The impacts of alcoholism on PWDs.

A number of studies have shown the impact of alcoholism on PWDs. According to Gonzalez et al (2010), alcohol use can aggravate mental health issues, such as depression and anxiety due to societal stigma and barriers they encounter daily which are already prevalent among individuals with disabilities.

A study by Fletcher et al (2011) found that alcohol use can exacerbate physical health conditions, including those associated with disabilities. For instance, it can interfere with the effectiveness of medications and increase the severity of physical symptoms, those with mobility impairments may experience increased risk of falls and injuries when consuming alcohol due to impaired coordination and judgment

Additionally, according to Nosek et al (2003), alcohol use can complicate the management of disabilities, leading to poorer health outcomes and increased functional impairment. Not only that, a study by Smith et al (2017) shows that alcoholism can lead to increased social isolation, economic hardship, and reduced quality of life, further compounding the challenges faced by PWDs.

2.4 The possible remedies meant to solve the problem of alcoholism among PWDs.

According to WHO (2012) and Reiss, D. (2012), substance abuse treatment services should be physically accessible and accommodate various disabilities in order to help PWDs engage more fully in recovery programs. This includes accessible facilities and adaptive technologies. A study by White, W. L., & Mojer, M. (2004) shows that integrated treatment programs that address both substance abuse and disability-specific needs can be effective. These programs often include medical treatment, psychological counselling, and support for the disability itself. Furthermore, according to Kuehen, B.M. (2009), conducting education and awareness programs about the risks of alcoholism and available treatment options tailored to the specific needs of individuals with disabilities can solve the problem of alcoholism among PWDs. Also, a study by Harris, M., & Fallot, R. D. (2001) found that implementing trauma-informed care principles, as PWDs may have experienced trauma that contributes to their substance use. This approach emphasizes safety, trust, and empowerment. It addresses the impact of trauma and helps individuals manage their recovery. Besides, study by Laudet, A. B., & Humphreys, K. (2013) explores that establishing peer support and self-help groups specifically for PWDs, where participants can share experiences and coping strategies in a supportive environment can offer a sense of community and shared experience, which is essential for recovery.

2.5 Summary of identified gaps.

The review shows that there is limited research focusing on the intersection of disability and alcoholism, particularly within specific geographic locations like Arua city. Most studies are often generalized or focus on broader regions, which may not capture the unique local dynamics. This study aims to fill this gap by providing localized insights and data.

CHAPTER THREE METHODOLOGY.

3.0 Introduction

This chapter presents the research design, study population, sample size determination and sampling techniques, sampling procedures, methods of data collection, tools for collecting data, piloting the study, and data quality control. It also presents data analysis and presentation and ethical considerations.

3.1 Research design.

Research design refers to the overall plan, structure or strategy that guides a research project from its conception to the final analysis of data (Yin, R. K. 2018). The key aspects in a research design include research problem which is an explanation of the issue that my study will try to solve (Leedy, P. D., & Ormrod, J. E. 2019). For example, PWDs who also face isolation, vulnerability end up consuming alcohol which results to mental health problems, poor personal hygiene, unnecessary spending among others which can be mitigated through conducting education and awareness programs about the risks of alcoholism and available treatments tailored to the specific needs of PWDs.

The study used a cross-sectional survey design which involves gathering data from a population sample at a particular time. The cross sectional design was used to enable a one-time investigation of the phenomena. It usually included descriptions of what is happening. The design employs both qualitative and quantitative approaches.

3.2 Geographical stratification.

Geographical stratification was used in the research to ensure different segments of the target population are represented. This helped to capture the perspectives of PWDs, medical workers, local council 1, community organizations and CDO's regarding PWDs and alcoholism. The sample size needed for the study was determined and respondents were allocated proportionally to ensure equal representation.

3.3 Sampling techniques.

3.3.1 Simple random sampling.

Simple random sampling was used to select the disabled (physical), and the healthcare providers so as to reduce biasness over respondents by giving all of them a chance of being selected. All the respondents had the opportunity to participate in the study.

3.3.2 Purposive sampling

Purposeful sampling was used on key informants like the CDO's. Local council 1 and community organization to provide comprehensive insights. This is because they are informed and therefore provided relevant information towards the research.

3.3.3 Cluster sampling

Cluster sampling is a method of probability sampling that is often used to study large populations. The researcher defined population of interest comprises the PWDs, staff of community organizations, medical workers, Local council 1 members and CDO's. The targeted respondents were randomly selected within each cluster to participate in the study.

3.3.4 Sample size.

A sample is the smaller group of the total population in such a way that knowledge is gained in a representative of the total population under study. A selection from the population (Lohr, 2019). Sample size determination is the act of choosing the number of observations or replicates to include in a statistical sample (Singh, 2018). The sample size was seventy (76) respondents derived from the two hundred twenty four (95) which consists of various nature of respondents. This figure was used to determine the sample size for the using Israel (1992) equation as indicated below.

$$n = \frac{N}{1 + N \cdot (e)^2}$$

Where n= sample size of interest

N = target population size

e= level of significance

1= constant

Using a 5% (0.05) level of significance

3.3.5 Sample section Determination.

Nature of respondents	Population	Sample size	Sampling Techniques
PWDs, (physically disabled)	71	57	Cluster sampling
Community organization	6	5	Simple random sampling
Medical workers	5	4	Simple random sampling
Local council 1	12	9	Purposive sampling
CDO's	1	1	Purposeful sampling
TOTAL	95	76	

Source: Citizens of Oluko Division, Krejcie and Morgan (1970) sample size and selection.

3.4 Data collection methods.

The researcher used Focus group discussion, questionnaires and interviews to obtain both qualitative and quantitative data to achieve the study's objectives as explained below;

3.4.1 Questionnaire.

A structured questionnaire was administered to collect quantitative data. This method involved developing a pre-formulated written set of questions to which respondents recorded their answers. Questionnaires were administered by the researcher to respondents such as, staffs of community organization and CDO.

3.4.2 Interviews.

In-depth interviews were conducted with a subset of participants to explore their subjective experiences, challenges, narratives and support systems for PWDs who are dealing with alcoholism. It was administered to Local council one and medical workers. This helped in understanding the context and personal narratives behind the statistical data.

3.4.3 Focus Group Discussions.

Focus Group discussions were conducted with specific persons that is the PWDs. FGDs provide a platform for participants to discuss topics in detail, offering rich qualitative data that might not be captured through questionnaires or individual interviews. This made participants to explore their thoughts, feeling and perceptions in a group setting which allowed a researcher to gain a deeper of the issue.

3.5 Data analysis.

Data analysis is the systematic organization and synthesis of the research data and the testing of research hypotheses, using those data (Creswell & Plano, 2010). Data analysis also entails categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms (Pearson, 2010). As per Cooper and Schindler (2011), the reason for information analysis is to lessen aggregated information to

sensible size, creating synopses, searching for examples, and applying statistical techniques.

3.5.1 Quantitative data analysis.

The quantitative data analysis consisted of numerical values from which descriptions are made (Kombo & Tromp, 2006). Data collected was checked to ensure regularity and accuracy; this is useful in ensuring that the objectives of the study are being addressed. Analysis was done according to the objectives of the study, data generated by questionnaires was cleaned, edited and coded before analysis was done; and then analyzed using the Statistical Package for Social Sciences (SPSS) program. Summary statistics in form of qualitative and quantitative measures, frequencies and percentages were derived and presented in chapter V. Triangulation of these methods was correlated to improve on the validity and richness of the information gathered.

3.5.2 Qualitative data analysis.

All the qualitative data collected from open-ended questions and key informant interviews and Focus Group Discussions was edited on a continuous basis to ensure completeness. Data collected with the use of interview and focus group discussion schedules was put into meaningful categories. Content analysis was the main method of analyzing the data collected to determine the adequacy of the information, credibility, usefulness and consistency (Mugenda, 1999). Data collected was categorized according to emerging variables from each question in the interview guide and focus group discussions. All data sources were triangulated during the analysis to increase validity, and at the end of it a report is written.

3.6 Ethical considerations.

To introduce the study and its objectives, an introduction letter was obtained from the department of social sciences and ensured that permission is sought from the relevant authorities such as local councils 1 before going to the field to collect data. In addition to that, participants were provided with detailed information about the study objectives, procedures, and their rights as research subjects. Informed consent was obtained from all participants before data collection. The confidentiality of the participant's personal information and responses was maintained throughout the research process. Data was nameless and stored securely to protect the privacy of participants. The research was conducted with sensitivity to the cultural norms, beliefs, and respect for the rights and dignity of participants was upheld at all times.

3.7 Data quality control

This relates to how data collected was free from error and stressed in two dimensions, reliability and validity of the data. Reliability refers to the stability, accuracy and precision of measurement. These were achieved through two approaches. Reliability was tested using Cronbach Alpha scores. Any questionnaire with a score of less than 0.50 was be considered unreliable.

3.8 Validity

To ensure validity, data collection instruments were pre-tested in an identified service centres using a sample other than the one intended for research to ensure a clear and understandable questionnaire. Any question that was not clear for the respondents was rephrased to get clear understanding of what the study was investigating.

Validity was enhanced by seeking the approval and opinion of the supervisor before proceeding to collect the data there after.

3.9 Strategies for Data Processing, Analysis and Interpretation

Data processing is, generally, the collection and manipulation of items of data to produce meaningful information. In this sense it can be considered a subset of information processing, the change of information in any manner detectable by an observer. The research analysed the data collected using the research questions and objectives.

3.10 Reliability Test

This is to know whether the instruments are consistent to ensure that individuals do not vary their responses if the instruments are administered once again. This involved piloting instruments by selecting an appropriate and then administering the same group after one or more weeks to see the correlation.

CHAPTER FOUR DATA PRESENTATION, ANALYSIS AND INTERPRETATIONS

4.0 Introduction

The study examined persons with disability and alcoholism in Oluko Division, Arua City. In this chapter, the researcher presents the findings of the study, analysis and interpretations.

4.1 Demographic characteristics of the respondents

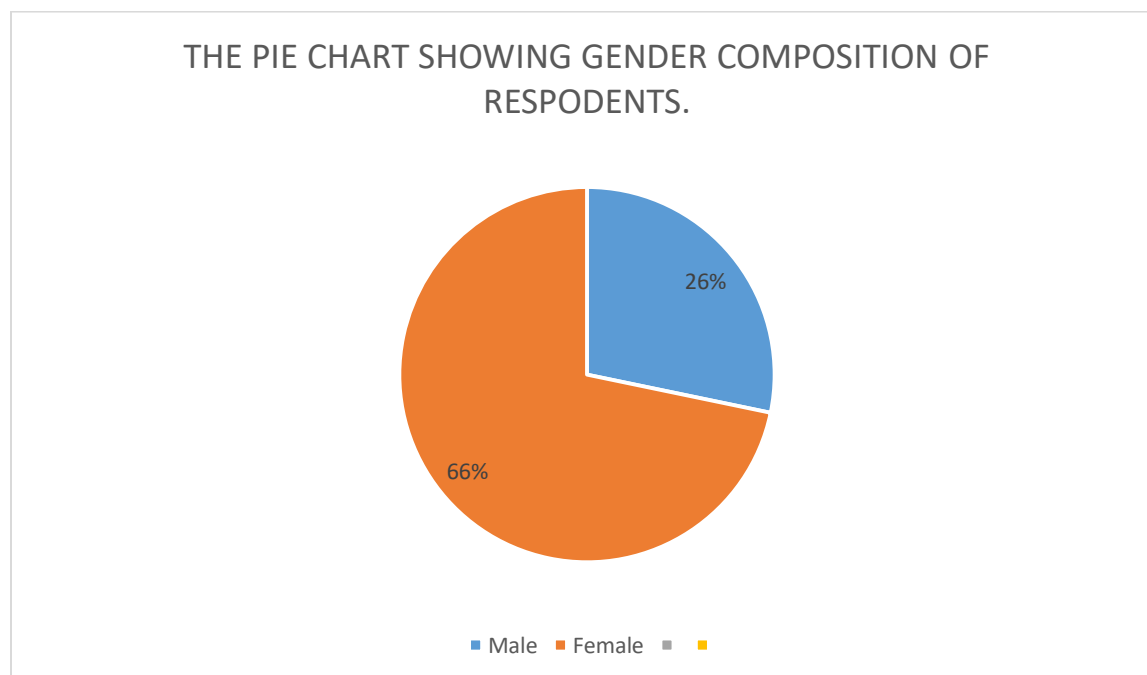
Information was obtained on the demographic characteristics of the respondents on gender, age, educational level, designation and marital status as follows;

4.1.1 Respondents according to gender

Table 1: Respondents according to gender

Gender	Frequency	Percentage
Valid Male	26	34
Female	50	66
Total	76	100

Source: Primary data



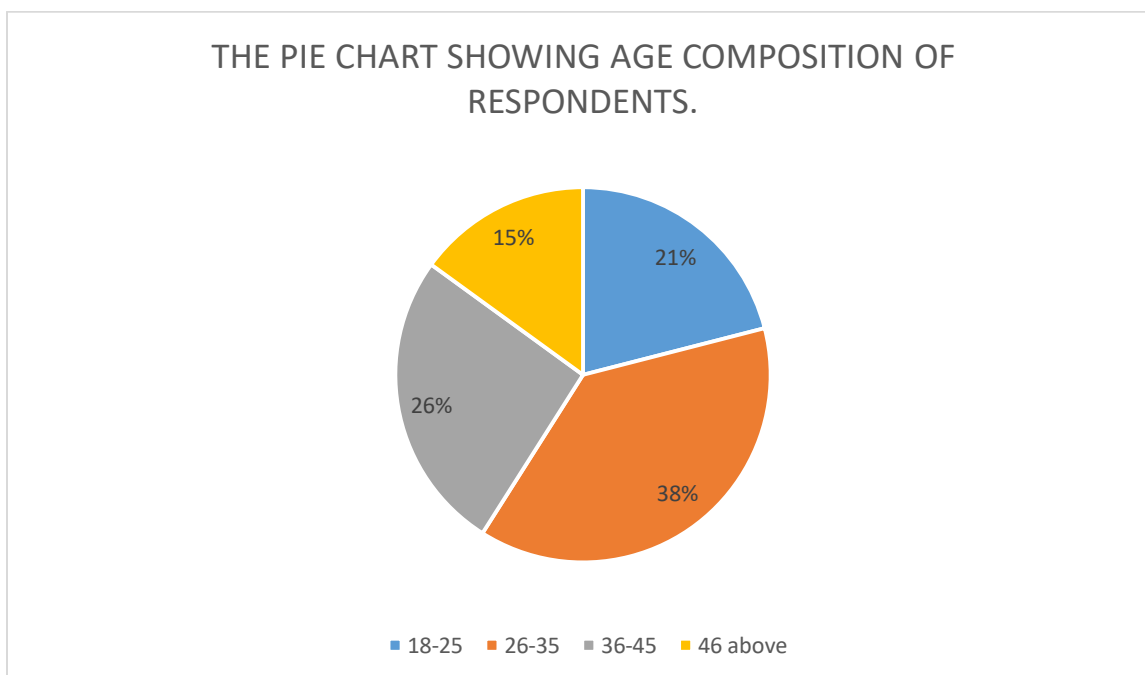
From the table above, 26% of the respondents were male and 66% female suggesting that much number of female and female were involved in the study.

4.1.2 Age category of the respondents

Table 2: Age category of the respondents

Age category	Frequency	Percentage
Valid 18-25	16	21
26-35	29	38
36-45	20	26
46 above	11	15
Total	76	100

Source: primary data by researcher



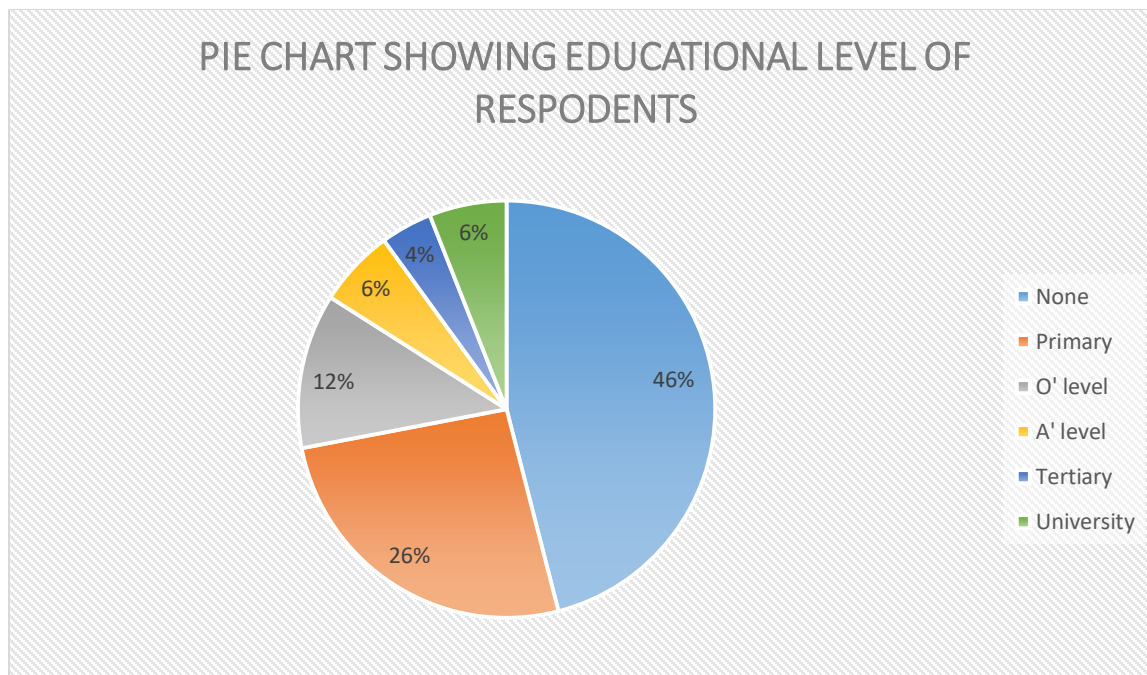
There were 21% respondents in the age categories of 18-25 years, 38% in the age categories 26-35 years, 26% in the age 36-45 years and 15% in 46 years and above. This implies that there were more youth and the middle aged who took part in the study.

4.1.3 Educational level

Table 3: Educational level

Educational level		Frequency	Percentage
Valid	None	35	46
	Primary	20	26
	O'level	9	12
	A'level	4	6
	Tertiary	3	4
	University	5	6
	Total	76	100

Source: Primary data



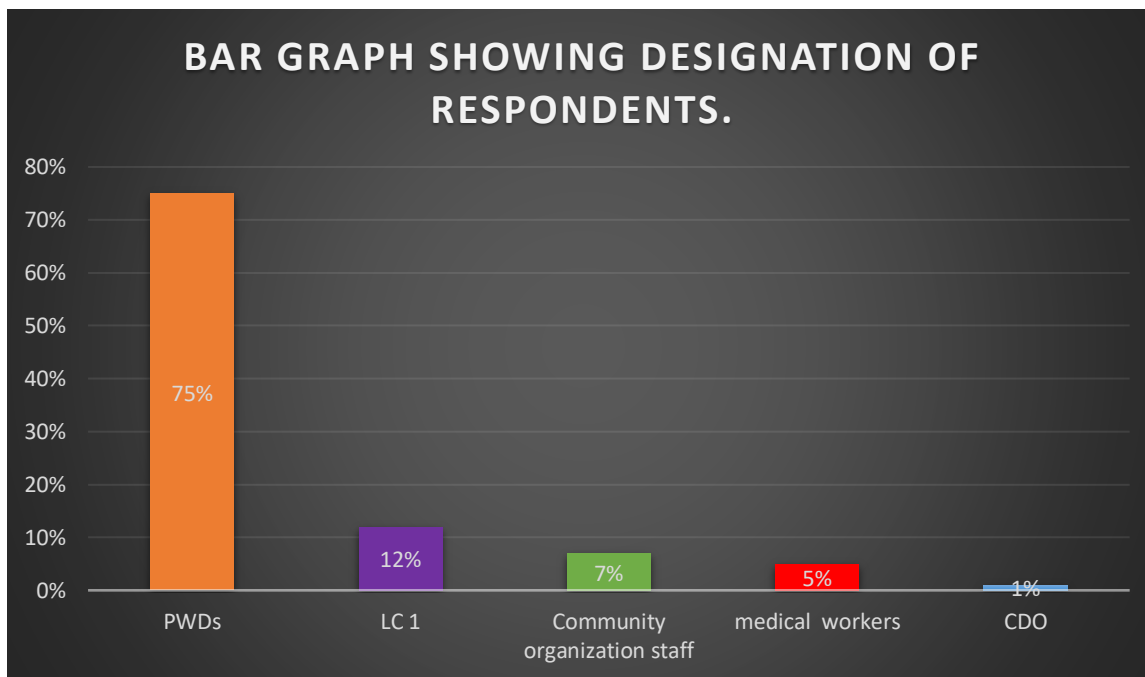
From the table above, 46% of the respondents were none educated, 26% were in primary level, 12% obtained O'level, 6% obtained A'level, 4% at tertiary and 6% university suggesting that on average, respondents were drawn from a cross-section of educational levels.

4.1.4 Designation of respondents

Table 4: Designation of respondents

Designation of the respondents	Frequency	Percentage
Valid		
Persons with Disability	57	75
Local Council 1 member	9	12
Community organization staff	5	7
Medical workers	4	5
CDO	1	1
Total	76	100

Source: primary data by researcher



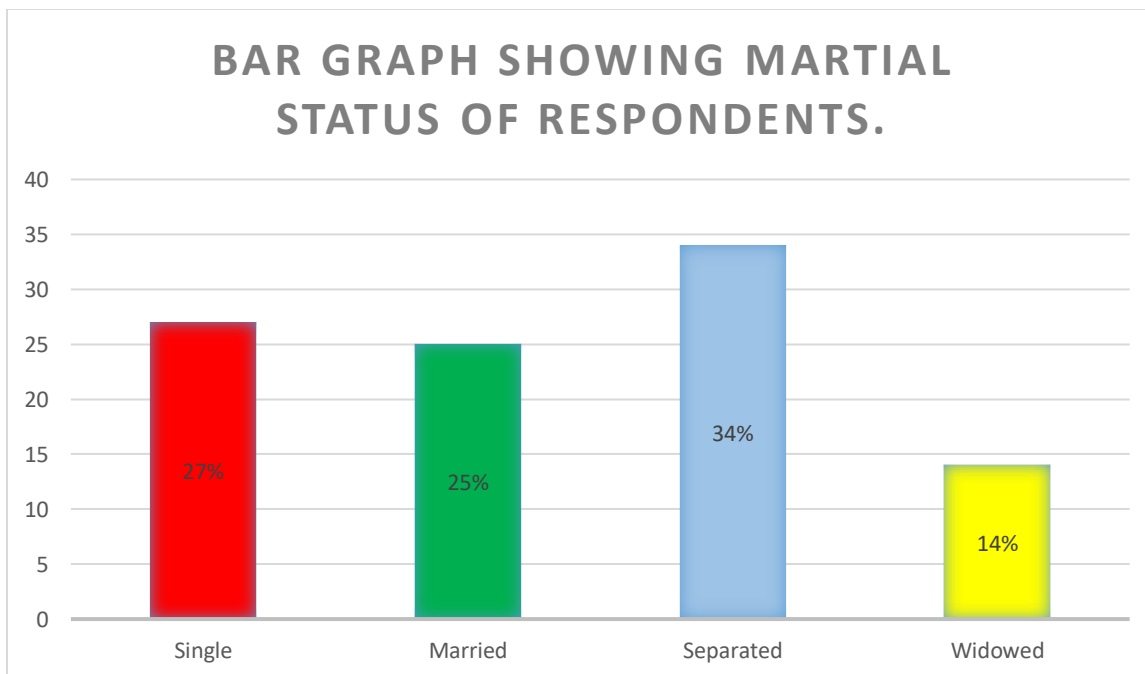
From the table, 75% of the respondents were PWDs, 12% were Local Council 1, 7% were Community organization staff, 5% medical workers and 1% were CDO meaning information was obtained for the study from a cross-section of people.

4.1.5 Marital status of the respondents

Table 5: Marital status of the respondents

Marital status of the respondents		Frequency	Percentage
Valid	Single	21	27
	Married	19	25
	Separated	26	34
	Widowed	10	14
	Total	76	100

Source: primary data by researcher



27% of the respondents were single, 25% were married, 34% were separated and 14% were widowed, indicating that more young and separated people participated in the study.

4.2 Presentation of findings on the objectives

4.2.1 The factors that make Persons with Disabilities to take alcohol.

Objective one: The factors that make Persons with Disabilities to take alcohol.		Response Category				
		SA(5)	A(4)	N(3)	D(2)	SD(1)
1	Social isolation.	70	28	2	-	-
2	Physical pain associated with certain disabilities.	24	38	18	16	4
3	Mental health conditions like depression and anxiety.	32	42	16	8	2
4	Lack of accessibility to treatment/support services.	56	28	12	-	4

The results in table above reflects the factors that make Persons with Disabilities to take alcohol in Oluko Division. 70% of respondents strongly agree that alcohol intake is motivated by social isolation. 24% of the respondents also believed that physical pain associated with certain disabilities has motivated a number of PWDs in the Oluko Division to engage in alcohol consumption. Besides 32% also agreed strongly that mental health conditions like depression and anxiety has left many PWDs to consume alcohol. Lastly, a good fraction of the respondents 56% also echoed that lack of accessibility to treatment/ support services is another PWDs motivating factor to alcohol.

4.2.2 The impacts of alcoholism on Persons with Disabilities in Oluko Division, Arua City.

Objective Two: The impacts of alcoholism on Persons with Disabilities in Oluko Division, Arua City.		Response Category				
		SA(5)	A(4)	N(3)	D(2)	SD(1)
1	Increased disability complications.	72	24	4	-	-
2	Mental health decline	8	36	38	12	6
3	Worsening of physical health conditions.	28	64	8	-	-
4	Increased economic hardships.	52	32	10	6	-

The table up reveals that 72% of the respondents strongly agree that alcohol intake has significantly contributed to increased disability complications among PWDs in Oluko Central Division. On the other hand 38% agree that the increasing mental health decline among the PWDs is a result of alcohol intake. In addition, about 64% agree that worsening of physical health conditions in Oluko Division is a result of alcohol intake and 52% attest that increased economic hardships amongst PWDs is also due to alcohol intake.

4.2.3 Possible remedies meant to solve the problem of alcoholism among Persons with Disabilities in Oluko Division, Arua City.

Objective Three: Possible remedies meant to solve the problem of alcoholism among Persons with Disabilities in Oluko Division, Arua City.		Response Category				
		SA(5)	A(4)	N(3)	D(2)	SD(1)
1	Implementing trauma-informed care for PWDs.	36	50	10	4	-
2	Advancing community based rehabilitation for a disability inclusive society	40	52	8	-	-
3	Treatment services should be physically accessible.	50	42	6	2	-
4	Awareness campaigns.	40	46	12	2	-

The table above entails the strategies for curbing drug abuse with about 50% of the respondents agreeing to implementing trauma-informed care for PWDs whereas, 52% strongly agreeing to advancing community based rehabilitation for a disability inclusive society . 50% passionately consented to treatment services to be physically accessible. Lastly, 46% agreed to awareness campaigns in Oluko Division.

CHAPTER FIVE CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter handled the summary, conclusion and recommendations from the research findings. It flows in the order of the study objectives.

5.1 Summary of findings

The study found that the most significant cause of alcohol consumption among PWDs is social isolation as echoed by most respondents in Oluko Division. The respondents commended the physical pain to be the strong force in the predominance of alcohol intake in the Oluko Division. Also, lack of accessibility to treatment for the PWDs makes them consume alcohol in order to reduce pain. They added that mental health conditions like depression and anxiety also make some to start consuming alcohol.

Most respondents asserted that physical pain associated with certain disabilities in Oluko Division is alarming and many PWDs devote themselves to alcohol consumption as a means of coping up with the situation. Many PWDs have invested the little they have to alcohol consumption which even takes away the little they have in and this leaves them poorer.

5.2 Implication

The respondents argued that the most devastating effect of alcohol consumption among PWDs is increased disability complications. 90% also echoed that the PWDs are more affected by economic hardships as they use a lot of their resources to consume rather than doing constructive work which always keeps them in the poverty line now. A good number, 70% mentioned that worsening of physical health conditions is high rocketing in the Oluko Division due to alcoholism. The rest mentioned issues such as family breakdown, lack of responsibility, and lack of respect from community members as other effects of alcoholism PWDs on the .

5.3 Conclusion

From the study findings, it is concluded that Alcoholism has a devastating effect on the wellbeing of PWDs in Oluko Division as everybody acknowledged its operational havoc to each individual involved in the vise. Social isolation has appeared as a prominent cause of progress and increased disability complications is earmarked as the strongest effect of alcoholism on the PWDs.

5.4 Limitations

- i. Negative attitudes of respondent's limited information and some were not willing to provide the needed information.
- ii. High expectations from community members were challenging in the way that, some expected financial assistance from the researcher.
- iii. This study only looked at the PWDs in Oluko Division which may not give a conclusion that the findings apply to the entire city and the district.
- iv. The study was also expensive as costs were incurred in the printing of the research materials.

5.5 Recommendations

1. The government should conduct regular needs assessments to establish the real challenges of the PWDs on the ground.
2. Regular meetings with member representatives (PWDs leaders, LC1, VHTs) to make them understand the technical details of Alcoholism and their effects.
3. Continuous sensitization of the masses on dangers attributed to alcoholism especially mental health decline, increased disability complications, worsening of physical health conditions and increased economic hardships to reduce alcoholism among the PWDs.
4. More studies such as this can be conducted in the other divisions and districts so that the outcomes can be compared with this one.
5. There should be community based rehabilitation for a disability inclusive society for PWDs due to the alcohol.

6. The government should create job opportunities and more intervention programs to address the vice.

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APPENDICES

Appendix A. Questionnaire for Respondents.

Dear respondent,

I'm, Ayikoru Babra, a student of Uganda Christian University Arua Campus undertaking a study on the topic: Persons With Disability and Alcoholism in Oluko Division, Arua City. You have been carefully chosen to participate in this study to enable me achieve this noble cause based on the trust vested in you by me. Therefore, I humbly request you to fill this questionnaire to the best of your knowledge by ticking where necessary. I strongly affirm that the information obtained will only be used for academic purpose and be treated with outmost confidentiality. Your cooperation will be highly appreciated.

SECTION A: DEMOGRAPHIC CHARACTERISTICS (Please tick where appropriate)

Gender

Male Female

Age

18-25 26-35 36-45 46 above

Educational level

None A' level
 Primary Tertiary
 O' level University

SECTION B: The effects of alcoholism on Persons with Disabilities in Oluko Division, Arua City.

Questions		Response Category				
		SA(5)	A(4)	N(3)	D(2)	SD(1)
1	Increased disability complications.					
2	Mental health decline					
3	Worsening of physical health conditions.					
4	Increased economic hardships.					

SECTION C: Possible remedies meant to solve the problem of alcoholism among Persons with Disabilities in Oluko Division, Arua City.

Questions		Response Category				
		SA(5)	A(4)	N(3)	D(2)	SD(1)
1	Personal attitude change is key in addressing the problem of alcohol					
2	Group formation and skills training can address the problem of alcohol					
3	PWDs should access physically treatment services.					
4	Awareness campaigns.					
5	Peer counseling					

Appendix B. Interview Guide to LCs and Medical workers

1. Title
2. Experience in terms of years
3. In your view, what are the factors that make People including PWD's to take alcohol in Oluko Division?
.....
.....
.....
4. In your opinion, what are the effects of alcoholism on people and Persons with Disabilities in Oluko Division, Arua City?
.....
.....
.....
5. What are the effects of alcohol on people including PWD's in your opinion
.....
.....
.....
6. What are the possible remedies meant to solve the problem of alcoholism among people and the Persons with Disabilities in Oluko Division, Arua City?
.....
.....
.....
7. Do you have any additional information that you think you need to give for this study?

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

THANK YOU

Appendix C: Focus Group Discussion guide PWD's

1. Does anyone amongst you take alcohol?

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.....
.....

2. What reasons do those who take alcohol give for taking alcohol

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.....
.....

3. How does alcoholism affect relationships, both within families and with society?

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

4. How do you think alcohol use affects the health of people?

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

5. What kinds of interventions or remedies do you think could help prevent alcoholism among people?

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

6. How can we create more inclusive environments among PWDs and other people?

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

7. How can awareness about this issue be increased in society?

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

8. Can awareness raising be considered a solution to the problem of alcoholism?

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

9. Which other means can be used to address the problem of alcoholism among communities including PWD's

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

THANK YOU.

Appendix D: Budget Estimate for the Research Activity

S/NO	PARTICULARS	QUANTITY	UNIT COST (UgX)	AMOUNT
1	Field transport	3 days	10,000	30,000
2	Airtime	3 days	5,000	15,000
3	Feeding	3 days	15,000	45,000
4	Data analysis	3 days	20,000	60,000
5	Research assistants	3 days	45,000	135,000
6	Printing		150,000	150,000
7	Photocopying		100	25,000
8	Pens	5	700	3,500
9	Note book	1	5,000	5,000
	TOTAL			468,500

Appendix E: Schedule

ACTIVITY	JULY	AUGUST	SEPT	OCT	NOV	DEC
Choosing research topic						
Approval of the research topic						
Writing research proposal						
Submission of research proposal						
Approval of research proposal						
Data collection						
Draft report writing						
Final report writing						
Submission of final report						