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Socio-demographic and Economic Factors Associated with Youths Alcohol Abuse in Rombo District

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Authors' contributions

This work was carried out in collaboration among all authors. Authors AEM, SR and AAM conceptualized the research idea. All authors wrote the draft of the manuscript. The final manuscript was read, edited and approved by all authors.

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ABSTRACT

This study aimed to determine the influence of socio-demographic and economic factors on youth alcohol abuse in Rombo District. Questionnaires, Focus Group Discussions (FGDs) and Key-Informant Interviews were used for data collection. Quantitative data were analysed by Statistical Product for Social Solutions (SPSS Version 20) while textual data was analysed by thematic analysis. The study revealed that parents and peer groups have influence on youth alcohol abuse, alcohol accessibility and affordability by youths and that alcohol prices are affordable to almost everyone have influence to youth alcohol abuse. The study findings depict that existence of many types of locally brewed alcohol and many registered and unregistered alcohols selling points contribute to youth alcohol abuse. The study concludes that proper family characters aiming at curbing alcohol abuse among youth are of paramount importance, as most youth learn to drink at their young age. The study recommends that the government should enforce regulations related to alcohol use, especially that concerning selling of alcohol to the under age, as well on existences several local brews of which most of them being illegal and control of unregistered alcohol selling points is mostly challenging task, the government should impose tax on locally brewed alcohol to

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increase their prices, as they are so cheap, family heads and elders should be role models by controlling their drinking behaviours, especially drinking with/in presence of their children. Moreover, they should restrict their youth from drink alcohol and there should be strong punishment for under age selling and drinking of alcohol.

Keywords: Family characteristics; alcohol abuse; alcohol accessibility; alcohol affordability; Rombo District; Tanzania.

1. INTRODUCTION

The widespread use and abuse of alcohol among youth has become a global problem particularly to adolescent [1]. A worldwide survey on alcohol and health assessed a five year trend on alcohol consumption among the youth between the ages of 18-25 years in 82 countries and revealed that there was 80% increase in consumption, 11% decrease in consumption, 6% stable consumption, while 12% showed inconclusive trends in consumption [2]. Again, [3] reports indicated that about 15.3 million youth between the ages of 15 to 29 years had drug disorders and 320,000 people of same age group die yearly from alcohol and drug related use, accounting for 9% of all deaths globally.

In Africa, the rate of alcohol consumption is not different from the rest of the world because alcohol and other illicit drugs are easily accessible to the youth [4]. An empirical review of literature has demonstrated that a substantial proportion of youth in Sub-Saharan Africa have ever consumed alcohol or are currently consuming alcohol [4]. Several studies have indicated that different countries in Sub-Saharan has variations on the use of alcohol among youths. For examples, a study in Uganda indicated that the country was among the leading countries in consumptions of alcohol among youth [5] while in Zambia, one out of every three Zambian adolescents were consuming or have ever consumed alcohol [6]. According to the Global Status Report on Alcohol and Health (2014), thousands of young Tanzanians are in a great danger as a result of alcohol abuse that has become a widely viewed as a major social problem due to its diverse effects to both individual consumers and society.

Alcohol use among the youth forms one of the most important public health challenges despite strenuous efforts made to contain it [7]. Alcohol is considered as one of the initial substances that are used among young people before they progress to the use of more dangerous substances such as marijuana and cocaine. With modernization in the world market and increase in advertisement, harmful drinks that were not easily accessible to the youth are now of higher consumption rate than expected [8]. In recent times, because of the promotion, competition and popularity of alcoholic products, most alcoholic beverages are now cheaper as compared to other soft drinks [9]. Due to this multiplicity, most young people engage in heavy drinking at younger ages than in the past. In Rombo District there are increased levels of both local production and consumption of local alcohols [10], and therefore consumption and ultimately its abuse.

NSO (2005) noted that future manpower and development of every country's economy lies on the physical and mental health of its youth; and the most disappointing is the fact that alcohol consumption among others, remains a major risk behaviour among the youth leading to both physical and mental health complications including deaths [7]. Most chronic and injury-related conditions can be attributed to excessive alcohol consumption. These include but not limited to alcohol dependence; liver cirrhosis, cancers, depression and other medical conditions [11]. Moreover, alcohol has been identified as a contributor to traumatic outcomes that either kills or disables the consumer at a relatively younger age, thereby leading to loss of many years of life to death or disability [12]. In addition, Chikere and Mayowa, (2011) further indicated that the high rate of death among the youth in Nigeria is related to unhealthy lifestyles of which the use of alcohol cannot be excluded. In spite of all these problems, the use of alcohol remains unconcerned and to date is of low priority to policy makers [13].

Several studies related to alcohol such that by Mitsunaga and Larsen [14] assessed prevalence of and risk factors associated with alcohol abuse in Moshi exposed advertisements of alcohol and easy accessibility of alcohol as the major risk factors for alcohol abuse, while that of Tesha [15] and Staton et al., [16] have focused on the extent and side effects of alcohol abuse, while factors influencing alcohol abuse among youth have not been a concern of such studies. This study

therefore aims at examining socio-demographic and economic factors contributing to youth alcohol abuse in Rombo District. It is thus the aim of the current study to fill the gap left by other researchers as seen in the literature.

It is envisaged that results of this study might: inform policy makers and other stakeholders to formulate relevant interventions for curbing alcohol abuse in the study area; government authorities that include Tanzania Revenue Authority (TRA), Tanzania Food and Drug Authority (TFDA), and police force preventing youth alcohol behaviours at Rombo District; and be significant to the parents and elders in the study area as it will reveal how accessibility and affordability of alcohol can be a motivation factor for youth alcohol abuse. Furthermore, be significant to the family heads and guardians through presenting how family characteristics can be an initial motivation for the behaviours of youth alcohol abuse and, to scholars and future researchers this study will increase knowledge and be used as reference and gap for further studies.

2. MATERIALS AND METHODS

2.1 Description of the Study Area

The study was conducted in Rombo District, which is one of the seven districts of Kilimanjaro Region in Tanzania. According to the 2012 census, the population of the Rombo District is 260,963. The area is bordered to the North and East by Kenya, to the West by the Siha District and Hai District, and to the South by the Moshi Rural District (NBS, 2012). Rombo District was selected because Tanzania's mass Media have currently reported it as one among Districts in Tanzania with high rate of alcohol abuse and its impacts.

2.2 Research Design

A cross-sectional research design which allowed data to be collected at one point at a time was adopted for the study. This design is suitable for this research because of its cost- effectiveness, less time consuming and ability to collect a lot of information in a relatively convenient time.

2.3 Target Population, Sample Size and Sampling Techniques

2.3.1 Target population

From 24 wards of Rombo District, the target population for this study was drawn from two (2) wards. Kirongo-Samanga and Mashati-Kisale. The reasons for selection of these wards are the availability of both local and industrial alcohols, and the number of young alcoholics who were located in those areas.

2.3.2 Sample size and techniques

The sample size for this study was 100 respondents. Multistage sampling technique was adopted in this study. Two (2) Wards out of 24 were randomly selected in which two villages were also selected randomly from each ward to obtain four villages. A snow-ball sampling technique was adopted to obtain 25 respondents form each village. Four (4) Village Executive Officers (WEO) and Twenty (20) household heads were selected as key- informants.

2.4 Data Collection Methods and Instruments

Both qualitative and quantitative data were collected. Quantitative data were collected by using a questionnaire with both open and closed ended questions, whereas qualitative data was collected using semi-structured interview and Focus Group Discussions (FGDs). The questionnaire that consisted of both close and open-ended questions were used to collect data from youth who are alcohol abusers. Semi-structured interview method was used to obtain data from WEOs while two (2) FGDs were used to get views of the households' heads with youth(s) who abuse alcohols in the study area. The researchers served as moderators of (FGDs). FGD involved 7-12 discussants. The data was recorded on a note book or a tape-recorder.

2.5 Validity and Reliability of Research Instruments

2.5.1 Validation of instruments

To ensure validity of this study, the internal validity approach was applied. This was done through establishment of trust between researcher and respondents, give respondents awareness of the research topic and initiating interview, questionnaire and (FGDs) through the specified themes of the research topic.

2.5.2 Reliability of data

In order to control the reliability of this research pre testing of interview guide, questionnaire and

FGDs questions were done in order to check if they are comprehensive enough to collect the required data. After the pre-testing modifications and improvement of research instruments was made.

2.6 Data Analysis and Interpretation

The quantitative data was recorded, edited, organized, cleaned, coded, processed and finally analysed using Statistical Package for Social Science (SPSS) version 20 to compute descriptive statistics such as percentages and frequencies. Results were interpreted and presented in tables and charts in relation to research questions whereas qualitative data was analysed using content analysis technique where by data was organized and summarized into different themes based on conceptual description of ideas, views which expressed by the respondents' interview guide. These themes were related to the study objectives to give detailed information. Finally, the results of the analysed data were presented in the form of word text narration.

3. RESULTS AND DISCUSSIONS

3.1 Family Characteristics and Youth Alcohol Abuse

3.1.1 Age group at which respondents started to use alcohol and parents' reaction

Most (59%) of respondents claimed that they first used alcohol at the age of between 15-20 years. In FGDs it was revealed that, there is nowhere in the study area a customer is asked for his/her age before served with alcohol. This was also confirmed during an interview in Kisale Village one of the respondent said that *"We are much concerned with selling time and closing time and not age; how can I know the age of a person? What has age got to do with me? If they have money and they don't break the law it is okay with me.* This is also the observation of WHO [3] which found that, although the legal drinking age in Tanzania is eighteen years, little is done to prevent under age people from buying or consuming alcohol. Along related findings, a survey conducted in Dar es- Salaam among secondary school students by Nyandindi [17] revealed that 10.8% had taken alcohol at before age of 14 years. In Ghana, a study conducted among second cycle and out of school youth on substance use revealed that the average age for first use of substance was between 14-19 years and the highest use was between the ages of 16-23 years.

In addition, substances that are mostly used by the youth in Ghana include alcohol, cigarette, cannabis and heroine (NSO, 2005). This implies that there is less law enforcement in Tanzania as it in most of other developing countries that restrict serving alcohol to under age youth and, among other factors, this might be caused by the fact that Tanzanian have no identity that show one's age and presence of many types of locally brewed that are mostly sold at homes and unregistered places.

The study also indicated that most of respondents' parents had negative reactions seeing their children using alcohol. It was also revealed that, most parents feel that their children have to shape their future life, and that using alcohol would limit that. In other discussions it was further revealed that, other parents feel that alcohol use is only allowed to heads of households. The study findings collate with that of Castens et al. [18] who found that parents who set a bad example for their children contribute a lot in alcohol consumption behaviour of children even if they feel that children should not drink. Indeed, alcohol has been present in people live as early as one is three years old. Parents would give the young *Mbege*, a traditional drink brewed from bananas, to help them sleep and to make them grow up to be strong men. Growing up with one's parents meant drinking all of the time [18]. This suggests that those whose reactions were positive probably had the same perception that children, especially boys, have to use alcohol as it is part of prestige.

On inquiring of the parents' reaction when they realized that their children used alcohol, 40% of respondents claimed that their parents had a very negative reaction whereas, 24% had a negative reaction. Results also show that while 31% of respondents claimed that their parents' response was positive and only 3% of respondents who claimed that their parents were very positive when they realized that their children use alcohol. These findings show that, most (64%) of respondents' parents had negative reactions seeing their children using alcohol compared to 36% of the parents who had positive response, in spite of the fact that 73% of the parents were reported to use alcohol.

In a FGD, it was revealed that, most parents feel that their children have to shape their future life,

and that using alcohol would limit that. In other discussions it was further revealed that, other parents feel that alcohol use is only allowed to heads of households.

3.1.2 Parents' use of alcohol

Most of the respondents, 73% claimed that their parents (both mother and father) used alcohol with only 18% of fathers only who use alcohol. The findings show that alcohol use in the study area was a family habit, which made it hard for any family members to live against and, parents may lack moral authority to intervene regarding alcohol consumption tendencies of their children a fact that can expose youth to alcohol abuse.

In a FGD, one respondent said that "*mtoto umleavyo ndivyo akuavyo*", meaning that children who are raised with parents who openly use alcohol will be likely use it as well. Similar to the study finding, a study by Nyandindi [17] also found that students claimed to have started taking alcohol before the age of 14. They also had parents who abused alcohol.

Results (Table 2) show that, 42% of respondents claimed that their parents drank and get drunk occasionally with only 20% who admitted that their parents get drunk daily. In FGD, it was however said that most parents in the study area (especially male parents) get drunk daily, with almost all family responsibilities being left to their wives. One respondent said; *"Kina mama ndiyo wanalea familia zao, wazee wananing'inia tu navimorali*" meaning that families responsibilities are left to mothers while men are hanging around drunk with *"Vimorali". Kimorali is a local banana brew which is bottled locally.*

One of the interviewee illustrated that "my wife tended to the house, the field, and the animals. When I was home, I had nothing to occupy my time. I had retired from my job as a primary school teacher after providing my family with a nice house, solar power, and a yard with banana plants. What more needed to be done?" This implies that although family responsibilities might be restricting men's alcohol abuse, but not always the case, as in some culture, all family responsibilities relies on women. Results indicated that alcohol use in the study area was a family habit (especially male parents), which made it hard for any family members to live against and, parents may lack moral authority to intervene regarding alcohol consumption tendencies of their children a fact that can expose youth to alcohol abuse.. Similar to the study finding, a study by Nyandindi [17] also found that students claimed to have started taking alcohol before the age of 14. They also had parents who abused alcohol.

Similarly, a study by in Moshi District by Castens et al. [18] revealed that most of family responsibilities are taken care of by wives while men are hanging around drunk. This implies that although family responsibilities might be restricting men's alcohol abuse, but not always the case, as in some culture, all family responsibilities relies on women.

Table 1. Age group at first use of alcohol and parents' reactions

Response Items	Frequency (n = 100)	Percent (%)
Age group at first use alcohol		
15-20	59	59
21-25	35	35
26-30	3	3
31-35	3	3
Total	**100**	**100**
Parents' Reactions		
Parent response was very positive	5	5
Parent response was positive	31	31
Parent response was very negative	40	40
Parent response was negative	24	24
Total	**100**	**100**

Table 2. Parents' use and extent of use of alcohol

Response Items	Frequency (n = 100)	Percent (%)
Use/no use of alcohol		
None use	2	2
All use	73	73
Only mother use	7	7
Only father use	18	18
Total	**100**	**100**
Extent of Alcohol Use by Parents		
Drink but never get drunk	38	38
Get drunk occasionally	42	42
Get drunkard daily	20	20
Total	**100**	**100**

3.1.3 From who did respondents learnt to use alcohol

Results (Table 3) show that the influence on alcohol use to youth by either parents or peer groups differ with age of youth. While both parents and peer groups has the 50% of influence to youth aged between 15-20 years of youth, the parents have high influence to youth on use of alcohol in those aged between 21-25 and 26-30 with almost 56% and 53% respectively, with peer influence being higher aged between 31-35 years at almost 67%.

In a FGD it was noted that youth in the study area are also exposed to excessive drinking by parents, who often drink as a way to relieve stress and fatigue. Results in this study indicate that the influence on alcohol use to youth by either parents or peer groups differ with age of youth. Citing Velleman (1993), Castens et al*.* [18] assert that it results to putting young people at greater risk of developing antisocial behaviours, emotional problems associated with alcohol at young ages. Along the same findings, a study by Kremer & Levy (2008) also found that university students' use of alcohol among other factors is influenced by peer groups. Similarly, Castens et al. [18] also found that most of students start drinking alcohol due to influence of peer pressure. This implies that as most youth aged below age group of 15-20 years are mostly influenced by both parents and peer groups. An age that they were supposed to be in school, family and society restrictions on the use of alcohol by youth would enable most youth to proceed with their higher level of education and for their career development, probably elsewhere culture and peer groups have less influence on alcohol use. For example a study by Francis et al. [19] concluded that alcohol consumption is very much a part of tradition for many Kilimanjaro dwellers, and alcohol use was higher in Kilimanjaro than in Mwanza Region, possibly due to local cultural beliefs in Kilimanjaro that encourage alcohol use [19] (Kuntsche et al*.,* 2006 & Davis et al., 2010).

3.2 Alcohol Accessibility, Affordability and Youth Alcohol Abuse

3.2.1 Distance to alcohol selling points

Most of respondents (95%) noted that the distance to a selling point was close. This means that accessing alcohol in the study area was not a problem in terms of distance. In a discussion it was noted that there are local alcohol shops, normal shops and homes that sell other things including alcohol and even '*magenge'* local grocery stores*.* It was further revealed that, the longest distance to a selling point can be 500 Metres; a distance a person can go and drink

Table 3. Age group of the respondents and who influenced them on the use of alcohol

Age group of respondent (in years)	Who influenced them to use alcohol		Total
	Parents F (%)	**Peer** F (%)	
15-20	50 (50)	50 (50)	100
21-25	56 (56)	44(44)	100
26-30	53(53)	47(47)	100
31-35	33(33)	67 (67)	100

Note; number not in bracket and in bracket are respectively frequencies and percent

within a very short span of time. A respondent in one village said *"distance isn't an issue as 10 minutes are very enough to get satisfied with; the issue is money".* Short distance accessibility of alcohol might be due to fact that alcohols are sold in many unregistered places such shops and at homes.

3.2.2 Views on the price of alcohol

Most of the respondents (95%) said that the price of alcohol was low and was sold at the price which is affordable to most users. Low price of alcohol might have been attributed by a presence of different varieties of alcohol in the study such that their supply exceeds their demand. It was noted that, alcohol access in terms of price is not a very big problem because with 200 Tanzanian shillings, a certain type of alcohol can be bought. The implication of this is access of alcohol at closely free price such that some people do drink alcohol more easily than they can afford food. Ease accessibility and affordability of alcohol expose low income population notably youth to the use of alcohol which, in turn contribute to alcohol abuse. Results in this study indicate that most of the respondents claimed that the price of alcohol was low and was sold at the price which is affordable to most users. Low price of alcohol might have been attributed by a presence of different varieties of alcohol in the study such that their supply exceeds their demand. This finding gets support from Barry et al. [9] who reported that most of alcoholic beverages being cheaper compared to other soft drinks. Along a related view, Ezebuiro [20] who reported that Tanzania is a resort to locally made alcohols, which are cheaper and harmful. The price of alcohol can either increase or decrease the level of youth alcoholism in the community; the higher the price the less consumption from the users while the lower the price is equal to higher consumption from the users [21]. Castens et al. [18] also found that affordability of locally brewed alcohols is associated with increasing alcohol abuse in Moshi District. These local alcohols are cheaper as they made using cheap locally available materials and they not taxed and, in most cases are sold at homes: no added costs rather of their production.

3.2.3 Places where alcohol is most available

In spite of the findings, 60% of the respondents said that they often access alcohol at local alcohol shops whereas 20% access alcohol at homes. This can be caused by the fact that youth like drinking in groups of peers hence alcohol shops are easy meeting points for the youths. This was however contradicted by a one of a respondent in Useri who claimed that, most youth prefer drinking in normal shops because it is in these shops where it is easy to drink anytime as compared to local bars where there is a restriction of selling time.

This implies that, alcohol selling is unregulated such that every person can sell alcohol at any place without any restriction. Some of alcohol types that are accessible in the selling points are *Alex, Iyembe, Mkulima, Ndizi asili, Kawari, Mbogo, Jjastin alcohol, Zoba, Mojachini, Mbilitosha, Chuichui, Turukana, Alcoholic, Kandafui, Kangara, Turungamwe, Super B., Kamchape, Nyarugusu, Wanzuki, Kiboko, Gongo, Mbege, Dadii, Busaa, Budget, Raha, Kimorali, Kiseisei poa, Mery, Mbundi mbundi* and certified industrial beer such as Tiger, *Simba*,

Table 4. Alcohol accessibility and Affordability

Distance to alcohol selling points	Frequency (n = 100)	Percent (%)
Far	5	5
Close	95	95
Total	**100**	**100**
Price of alcohol		
High	5	5
Low	95	95
Total	**100**	**100**
Places of alcohol accessibility		
Local *Pombe* Shops	60	60
Bar	6	6
Home	20	20
Other areas	14	14
Total	**100**	**100**

Kibo and *Kilimanjaro*. Most of these types are legal but not certified by Tanzania Bureau of Standards (TBS) while others are illegal. This suggests that the existence of several varieties of alcohol of which, most of them being locally brewed, increase accessibility and affordability, resulting increasing consumption and their abuse. Results in this study indicate that, alcohol selling is unregulated such that every person can sell alcohol at any place without any restriction and, there are many varieties of legal and illegal alcohol. This suggests that the existence of several varieties of alcohol of which, most of them being locally brewed, increase accessibility and affordability, resulting increasing consumption and their abuse. Related to the finding on the existence of many locally brewed alcohol, WHO [6] also noted that traditional alcohol account to 90% of all alcohol that are consumed in Tanzania. Mitsunga and Larsen [14] also added that easy accessibility of alcohol is a major risk factor for alcohol consumption and abuse.

4. CONCLUSIONS AND RECOMMENDATIONS

This study focused on the influence of socio-demographic and economic factors on youth alcohol abuse in Rombo District, the study concluded; youth alcohol abuse in Rombo District among others is influenced by family characteristics, peer groups, easy accessibility and affordability of alcohol in the study area. Ease accessibility and affordability have been influenced by existence of several alcohol selling points (unregistered and registered) and many type of legal and illegal alcohol.

4.1 Recommendations

Based on the study findings, it is recommended that:

Organizations dealing with empowering youths and fighting against alcohol abuse should use these findings to sensitise the public on the dangers of alcohol abuse. But most importantly, the government through village leadership should hold everyone responsible for selling alcohol to under-age youths. Family heads as fathers or elders should take deliberate steps in stopping the vice that is consuming the future generation. The parents should be the role model in instilling discipline and fear in the younger generation by not supporting their drinking behaviour.

Cultural events that incorporate alcohol should have clear regulations regarding youth and alcohol consumption. The alcohol should only be reserved for the elders and this should be the message acrossboard to everyone involved in such activities as rituals, initiation rites and the like. There should be an alternative drink prepared for the youths in such events. The culture that is consuming youths and the future generation should not be embraced but rebuked in the strongest terms possible.

The government through village councils should make sure bars are registered and no one should be allowed to sell alcohol in their houses since there are many alcohol selling points in the rural areas [22-24]. This exposes the youths to alcohol consumption even at the younger age. The laws regarding the age at which one is allowed to drink should be revisited to 25 since many youths may appear to be above 18 years whereas they are less old. This will compensate for the age and give room for the youths to involve in economic activities.

The laws in place are insufficient to curb the current problem of alcohol abuse by the youths. There should be efforts in making bylaws in the concerned villages to make sure the youths are safe from alcohol abuse [25-28]. The Village leadership should be empowered to make arrests and make parents responsible for their children in prohibiting alcohol consumption. The government should also make sure all alcohol on the market in villages is certified by TFDA and TBS to ascertain the safety and standards.

5. POLICY IMPLICATIONS

Despite having bylaws that govern the consumption of alcohols especially to youth under 18 years, enforcement of those bylaws have been a challenges, as most of parents drink alcohol making them being irresponsible to control alcohol use among youth. Moreover, presence of many legal and illegal alcohol that cheap and many are registered and unregistered selling points increase complexity of addressing the problem of alcohol abuse in Rombo District.

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL CONSIDERATIONS

In this study, the researcher adhered to all ethical issues by obtaining necessary permissions first from the University of Iringa and subsequently from local authorities in Rombo District. Furthermore, the researcher explained to the respondents about the research aim, and that the study was for academic purposes only. Ethical consideration was also addressed by showing commitment to respondents and ensuring a high level of confidentiality and anonymity with no names collected and disclosed. Also, the norms and cultures of participants were respected and an individual's participation in the study was voluntary.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Pinsky IS. Patterns of alcohol use among Brazilian adolescents. Revista Brasileira de Psiquiatria. 2010;32(3):242-249.
2. Muula AS, Kazembe LN, Rudatsikira E, Siziya S. Suicidal ideation and associated factors among in-school adolescents in Zambia. Tanzania Journal of Health Research. 2008;9(3):202–206.
3. WHO. Global status report on alcohol and health. Geneva: WHO; 2011. Available:http://www.who.int/substance_abuse/publications/global_alcohol_report/en/.
4. Adu-Mireku S. The prevalence of alcohol, cigarette, and marijuana use among Ghanaian senior secondary students in an urban setting. Journal of Ethnicity in Substance Abuse. 2003;2(2):53–65.
5. Odejide AO. Status of drug use/abuse in Africa: A review. International Journal of Mental Health and Addiction. 2006; 4(2).pag.
6. WHO. Global status report on alcohol; 2004. Available:http://www.who.int/substance_abuse/publications/global_status_report_2004_overview.pd.
7. Oshodi OY, Aina OF, Onajole AT. Substance use among secondary school students in an urban setting in Nigeria: Prevalence and associated factors. African Journal of Psychiatry. 2010;2(11):52-57.
8. Awosusi AO, Adegboyega JF. Knowledge of Health Effects and Substance Use among Students of Tertiary Institutions in Southwestern, Nigeria. Journal of Education and Practice. 2013;4(23).pag.
9. Barry AE, Johnson E, Rabre A, Darville G, Donovan KM, Efunbumi O. Underage access to online alcohol marketing content: A YouTube case study. Alcohol and alcoholism. 2015;50(1):89-94.
10. Saffer H, Dave D. Alcohol advertising and alcohol consumption by adolescent. Health Economics. 2006;15(6):617-637.
11. Lamptey JJ. Socio-demographic characteristics of substance abusers admitted to a private specialist clinic. Ghana Medical Journal. 2006;39(1):2–7.
12. Marmorstein NR, Iacono WG, Malone SM. Longitudinal associations between depression and substance dependence from adolescence through early adulthood. Drug and Alcohol Dependence. 2010;107(2):154-160.
13. Onongha GI. The influence of some factors on alcohol use and abuse among education students of Osun State University, Nigeria. International Journal of Humanities and Social Science. 2012;2(11):276-283.
14. Mitsunaga, Larsen. Prevalence of and risk factors associated with alcohol abuse in moshi, northern Tanzania. World Health Organization. Geneva, Switzerland and Department of Sociology, USA; 2007.
15. Tesha J. Assessment of alcohol drinking pattern and knowledge of its effects on sexual behaviour among secondary school students, in Kinondoni municipality. Dar es Salaam: Muhimbili University of Health and Allied Sciences; 2013. URI: http://hdl.handle.net/123456789/1726.
16. Staton CV, Toomey N, Abdelgadir J, Chou P, Haglund M, Mmbaga B, et al. Trends in the ease of cigarette purchase among Korean adolescents: evidence from the Korea youth risk behavior web-based survey 2005–2016. BMC Public Health. 2018;18:1242.

17. Nyandindi US. Tanzania global school-based student health survey report. Dar es Salaam: World Health Organization, Centre for Diseases Control and Prevention, and Tanzania Ministry and Social Welfare. 2008;48:48.
18. Castens V, Luginga F, Shayo B, Tolias C. Alcohol abuse in urban Moshi, Tanzania: Case study #3- 13 of the program. "Food policy for developing countries". The role of Government in the global food system; 2012.
19. Francis JM, Weiss HA, Mshana G, Baisley K, Grosskurth H, Kapiga S. The epidemiology of alcohol use and alcohol use disorders among young people in Northern Tanzania. PLoS ONE.10:e0140041. 2015;10(10). Available:10.1371/journal.pone.0140041,
20. Ezebuiro C, Sule J, Abenga JN, Cenwezor FN, Lawani FA, David KM. Prevalence of drug abuse among youths in Kaduna. Nigerian. Journal of Parasitology. 2012;3:107-110.
21. Rehm J, Baliunas D, Borges G, Graham K, Irving H, Kehoe T, et al. The relation between different dimensions of alcohol consumption and burden of disease. An Overview. Addiction. 2010;105(5):817–843.
Published online 2010 Mar 15.
Available:doi:10.1111/j.1360-0443.2010.02899.x
22. Frimpong-Mansoh RP. Factors influencing alcohol consumption among adult residents of tema, community one in the greater accra region. University of Ghana; 2013.
Available:http://ugspace.ug.edu.gh/handle/123456789/5896.
23. Hemphill SA, Heerde J, Herrenkohl T, Patton GC, Toumbourou JW, Catalano RF. Risk and protective factors for adolescent substance use in Washington State, the United States and Victoria, Australia: A longitudinal study. Journal of Adolescent Health. 2011;49(3):312-320.
24. Kim Y, Neff J. Direct and indirect effects of parental influence upon adolescent alcohol use: A structural equation modelling analysis. Journal of Child & Adolescent Substance Abuse. 2010;19(3):244-260.
25. Office NS. The cigarette smoking and alcoholic drinking behavior survey. National Statistical Office, 2005 (in Thai); 2005.
26. Owusu A, Alexander WN, Kang M. The effect of parental monitoring on high risk sexual activity among middle school students in four african countries. Poster presentation at the American Public Health Association (APHA) Annual Meeting. San Diego, CA; 2008.
27. PEDIATRICS. Children, adolescents, substance abuse, and the media. The Council on Communications and Media; October 2010. The American Academy of Paediatrics Policy Statement. 2007;126(4):791-799.
28. Rowe CL, Liddle HA. Family-based treatment development for adolescent alcohol abuse. International Journal of Adolescent Medicine and Health. 2006;18(1):43-51.

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