

**ADDIS ABABA UNIVERSITY**

**SCHOOL OF PUBLIC HEALTH**



**ALCOHOL USE PREVALENCE AND ASSOCIATED FACTOR AMONG  
SECONDARY AND PREPARATORY SCHOOL STUDENTS IN MEHAL  
MEDA, NORTH SHOA ZONE**

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## ABBREVIATION AND ACRONYMS

ABV	Alcohol by volume
AIDS	Acquired immune deficiency syndrome
AOR	Adjusted odd ratio
AYFS	Adolescent youth friendly service
CNS	Central nervous system
COR	Crude odd ratio
DALY	Disability adjusted life year
EBR	Ethiopian birr
EPHA	Ethiopian public health association
GPA	Grade per average
HIV	Human immune viruses
HED	Heavy episodic of drink
ICAP	International center for alcohol policy
IYS	Inside young in school
NCD	Non-communicable disease
OYS	Outside young from school
RFPH	Reproductive and family population health
SNNPR	Southern nation nationality and people region
SPSS	Statistical package for social science
WHO	World health organization

## Abstract

**Back ground:** Alcohol is one of the most psychoactive substances used by adolescent and youth. Alcohol use above the standard level and even if in the standard level leading different adolescent and young population public health problem. More than 200 health problem can occur due to alcohol use. Adolescence and youth age group are the most active population for decision making and begin alcohol use early. This study was conducted to address how much of the school age population use alcohol and what are the risk factor that leads to use alcohol in this study area.

**Objectives:** Objective of this study was to assess alcohol use prevalence and its associated factors that lead to use alcohol among secondary and preparatory school students in Mehal Meda 2019/20.

**Methods:** School based cross-sectional study design method was used among secondary and preparatory school student in MehalMeda, Ethiopia. 437 individuals were selected from a total of 9000 by making stratified by grade 9-10 and 11-12 and then further stratified each grade and lastly use simple random sampling to select the participant from each section from each grade. Structured self-administered questionnaire was used to collect data after using pre-test. Epi-Info version 7 was used to enter data and SPSS version 23 software was used to analyze data.

**Result:** A total of 437 high school and preparatory school students were included in the study. Among those 253(57.9%) participants were male. 137(31.4%[27.05%-35.75%]) study participants were alcohol users. Multivariable logistic regression analysis showed that age from 19-22 years had association with alcohol use prevalence by odd ratio 3.01[1.01-44.2] .

**Conclusion:** Relatively high alcohol users were found in high school and preparatory school students. There is a need for collaborated effort to reduce alcohol use prevalence like in school awareness creation in drama form, by forming different club, parent follow student and give advice and woreda education bureau by fencing the school, follow up the school teacher and exchange information about the status of the students.

**Key words:** alcohol use, high school and preparatory students, prevalence, factors

# 1. BACKGROUND

## 1.1 Introduction of the study

Substance use especially alcohol was increasing gradually in all demographic population (3). It is one of the major public health problems worldwide currently. Alcohol is beverage containing ethanol or ethyl alcohol and found in many form with beer, spirit, wine and traditional drink like (Tela, Teje and Areki). Alcohol is absorbed into a blood. It affects CNS and other body organ like liver, heart and others. Both traditional and Industrial alcohol containing beverage has a toxic component that affect human's physiology. Alcohol was one of the most psychoactive substance used by adolescent(1). Adolescent and youth used alcohol for the purpose of fulfilling social and personal needs, enhance contact with peers and initiate new relationships, to increase sexual performance, boost confidence, reduce stress and to increase social interaction (1).

According to WHO report, there were 2.3 billion people who consume alcohol: from those globally 3 million die due to harmful use of alcohol and from the age 15-29 years,320,000 die due to the harmful effect of alcohol(2). Alcohol was a major determinant of non-communicable disease it account 5.3 %( 3 million) global death and 5.1 %( 132.6million) DALY (3). In the world, alcohol was commonly use by students especially from 13-19 years and harmful drinking were also common in this age group that account more than quarter or 26.5%(155million adolescent). This age group have been found in school most of the time (4).

In the world, monthly heavy episodic of drink prevalent among young peoples 15-19 years were 26.5 %( 8). So this prevalence is higher. Mortality was higher in boys than in girls and in older adolescents (15–19 years) than in the younger group (10–14 years (8). In 2016 WHO report, all death attributable by alcohol consumption 28.7% were due to injuries, 21.3% due to digestive disease,19% due to cardiovascular disease,12.9% due to infectious disease and 12% due to cancer(3).

In Africa alcohol use rapidly rise in twentieth century and it had been the leading problem for mortality and morbidity in this continent (5). In sub-Saharan Africa, alcohol use was also common like Europe and others for the age group from 12-19 years in the last 12 month (4). According to systematic review conducted in east Africa alcohol use in usual life time, past 12 month, and past one month were 52%, 28%,and 26% respectively (4, 6).

In Ethiopia, the practice of alcohol and other substance use has evolved over several years from an era of purely traditional alcohol beverage(e.g. Tela, Areki, Tej) use to the recent use industrial produced alcohol beverages (e.g. Beer). Some literature said that alcohol use begin in Ethiopia especially using traditional alcoholic beverage. Ethiopian society use alcohol for the purpose of appreciation, ceremonies (e.g. Edir (mourning ceremony in Ethiopia), celebration of events), relaxation after work, and leisure activities.

Alcohol uses are increasing from time to time. For example a survey conducted in Ethiopia for the general population in 2015 indicates that 41% were alcohol users. From those 46.6% and 35.5% are men and women respectively. This study indicates that the prevalence of alcohol use was high. In school I didn't get more research done with this title. So this study gives information about prevalence of alcohol use in the school and its risk factors in this study area.

Alcohol used leads to different health problem both for the user and other society that live together like an increased risk of road traffic accidents, HIV infection, risky sexual behaviors, sexual coercion, and intimate partner violence (7, 8). Factor associated to alcohol use in different countries were well documented. For instance in east Africa, the factors were other substance use, other health risky behavior like physical hitting, lack of school attendance, distress, family problem with alcohol, peer influence, lack of supervision from parent and others(9).

## **1.2 Statement of the problem**

Young age population of Ethiopia is a common issue of public health problem because time to time increase the consumer of alcohol especially young found in the school. Different study was conducted in Ethiopia related to prevalence of substance use and risky sexual behavior and associated factor. From those substance uses study alcohol use was a major contributor. Previously no study were conducted that focus on prevalence of alcohol use and the factors that leads to alcohol use in this study area. So this study is used to assess prevalence of alcohol use and the factor that leads to use alcohol in Mehal Meda town. Young people are most active for different things like fast decision making, lack of full information, and apply by using peer as a role model and other to use alcohol harmfully. Alcohol and drug abuse leads hopelessness and fatalities in addition to different public health issue if the problem was not managed early and prevent (11).

Alcohol affects not only the users but also affect others like family and other society in general. High school and Preparatory has been the ideal place for initiation of alcohol use due to some student is far from family so adolescent and youth are trying to do everything. This leads prevalence of alcohol users were increase (12). In addition to the above reason, SDG 2030 is also focus on adolescent and youth health especially related to substance use. For example SDG 2030 target 3.4 says that reduce prematurity death.

Generally, the motivation to this study is that previously no study was conducted in this study area. So, this study used to assess alcohol use prevalence and associated factor.

### **1.3 Significance of the study**

Alcohol use during young population needs a series public health concern. Because it linked to several harmful consequences. Alcohol use during this period had different public health problem like sexual problem i.e. risky sexual behavior those include inconsistency condom use, damage to the academic performance, and disrupt social relationship, psychological problem like depression and others (12).

In Ethiopia, alcohol use increases across the country in all socio demographic characteristics. The main cause to increase in all socio demographic characteristics was limited intervention (13). Up to now studies are minimal to inform program and policy for reducing the health and social effect to the young age population. This study will have significant contribution to reduce alcohol related problem by informing local programmer and policy makers so as to develop targeted intervention which helps to reduce the problem and helps to improve wellbeing of young age population and the community as a whole. it is also used as a source of information for different responsible body.

As school intervention, this study contribute that different club are form by school member like unit leader and other member to make awareness for the student who have no more information about alcohol use and their consequence.

## **2. LITERATURE REVIEW**

This literature review discusses the concept of magnitude of alcohol use prevalence, their associated factors and the conceptual framework.

### **2.1 Magnitude of alcohol use of young age group in school and general population**

#### **2.1.1 Alcohol use prevalence**

Magnitude of alcohol use of adolescents and young age are higher. A report from Europe indicates that 85% of adult use alcohol and from those students were more users than others. The age group from 15-16 cover greater than 90%. The consumers was more use beer 44%; wine 34% and sprit 23%. The current per capital alcohol consumption in Europe was 15 liters pure alcohol (13). a study conducted in Europe general population indicate that 85% of the general population was alcohol users (27). In Colombia Medellin university 36% was alcohol users (16).

A study conducted in India general population and college had 59.6% and 44% alcohol users respectively (26, 18). Alcohol uses are also common in Africa region. Different studies were conducted in East Africa to assess the prevalence of alcohol use. From different study the prevalence of using alcohol was highest in university, college and high school. A study conducted in Kenya Nairobi University, Edgerton university, Kenya general population and high school indicate that the prevalence of alcohol use was 36%, 23% HED, 21.1% HED, and 37% respectively. (14, 17, 25, and 23).

Similarly a study conducted in Tanzania college and high school indicate that the prevalence of alcohol was 32.5% and 35.2% respectively (19, 21). A study conducted in Uganda general population indicate that 26.8% had alcohol users.(28).

The prevalence of alcohol use also high in Ethiopia in high school, general population, university and college. A study conducted in Ethiopia mekelle universty, in northern college Gonder and high school harer indicate that the prevalence of alcohol was 36%, 46.23% and 22.2% respectively 15, 20, 22). Alcohol use prevalence in general population of Ethiopia were 41% both male and female. From this 36% were female and 45% were male alcohol users.

## **2.2 Factors that lead to use alcohol for students**

Many contributing factors for alcohol use prevalence were available in different study. Various studies show that demographic factors (age, sex, religion, income from parent or pocket money, living attachment), Peer pressure, expansion of night clubs/day parties, other substance use (like chat, hashish and tobacco/cigarette), happy hour and others factor had been a big contribution for alcohol use prevalence among adolescent and youth in school(4,17,29).

### **2.2.1 Socio-demographic factors**

Some findings of researches showed that socio-demographic characteristics influence alcohol use prevalence of young population in the school.

A study conducted in Ghana in school indicate that Community festivals and use of alcohol taken as a source of belongingness to my friend were a factor of alcohol consumption in the region(30).

A study conducted in Tanzania, Ethiopia, Kenya and India high school and preparatory indicate that having alcohol consumption of family history, other substance use, family economic status, grade level, gender, environment and society were the factors to increase use of alcohol prevalence (31,4,17,26).

### **2.2.2 Peer pressure**

Peer has positive and a negative influence. Somebody chooses peers who are similar to the original peer and the process repeats and intensifies (increase or decrease relationship between them). One study said that a student who is assigned a first-year who drinks may also interact with other students in the same residence, who do not drink much, and hence may drink only moderately during the first year of college then increase in second year and life time. This study indicates that peer have a negative effect on behavioral change (32).

A study conducted in Ataye high school indicate that adolescent involved more in peer group, they take much less alcohol. So peers exert a great influence on alcohol use by actively shaping the drinking behavior or through cognitively based social influence processes (33).

Those two studies indicate that the former one is negatively affect the peers and the second one is positively support the peer by shaping drinking behavior.

A study conducted on the title of the relation between peer and addiction indicate that the power of peer pressure does not apply equally to all kinds of peers. but in all peers have uniformity happened within these groups of peers to make a strong peer pressure effect.

Expert generally agree that in relation to alcohol , college age kids are most at risk for peer pressure influence (51).

one systematic review indicate that peer is one of proximal risk factors for adolescent substance use and disentangling two interrelated process that often occurs (52).

A study conducted in USA Walden university indicate that substance like cigarette, Chat, marijuana and others were more expanded due to the effect of peer pressure. in this study more than 50% substance users were due to the proximate risk called peer pressure (53).

### **2.2.3 Other Substance use**

Using other substance like tobacco, Chat and other also a factor to use alcohol. A study conducted in Kenya indicate that heavy episodic of drinkers were drink alcohol after using tobacco (34).

a study conducted in south Africa in male adolescent use more tobacco and shisha to drunk more alcohol. in this study 45% of male adolescent use tobacco before using alcohol (54).

according to a survey conducted in Canada youth tobacco survey indicate that 23% of population uses tobacco and after this alcohol consumption increase. this show that tobacco use as appetizer for alcohol. (55). study done on the title of cigarette and its impact explained that cigarette is a main initiator to increase alcohol use prevalence (56).

One study indicate that tobacco kills more than 50, 000 population. From these half of the population were adolescent and youth (56).

## **2.3 Current patterns & trends of alcohol use in general population of Ethiopia**

In Ethiopia, alcohol and people are bind (don't separate each other's) i.e. lives together, especially during holidays, celebrations and recreations. The country have no reliable data regarding to the amount of alcohol produced, sold, consumed and the health problems inherent by it especially home browed alcohol.

The WHO Global Status Report on Alcohol released in 2016 showed that, in Ethiopia a total of recorded 1.4 liters of pure alcohol were consumed per capita each year by people aged 15 and above and the unrecorded (non-commercial) alcohol consumption was estimated to be 1.4 liters of pure alcohol per capita. This data was low when compared with other African counties like Nigeria which was nearly 19.7 liters per capita, Tanzania 11.7 and other African countries with high level of alcohol consumption (35).

Nationwide study was conducted on Alcohol and Chat consumption with the association HIV/AIDS prevention, care and support in 2007. Over 10,000 and more participants were involved from rural and urban areas (male and female aged 15-59) from selected different district especially 8 district have high HIV prevalence, based on antenatal clinic based HIV sentinel surveillance reported in the 6<sup>th</sup> AIDS report i.e. (Tigre, Afar, Oromia, Amhara, SNNPR, Addis Ababa, DireDawa, Benishangul Gumez). The study shows that alcohol consumption and Chat chewing were high in the entire selected district. Percent of respondents who ever drank alcohol low in Duphti, Afar 9%, high in Adama Oromia Region, 70.2%.

From those eight districts (woredas), the prevalence was greater than or equal to 20% in six woredas except from DireDawa and Duphti in Afar (36).

According to a study conducted in eastern Ethiopia Harare region in 2011 G.C high school indicate that the prevalence of alcohol use were 22.2% (12)

In meta analysis and systemic review conducted on the title of current alcohol consumption and associated factor among adolescent in Ethiopia show that in 26 studies pooled prevalence of alcohol consumption was 27% (57).

In multilevel analysis of EDHS 2016 indicate that the male adult alcohol use prevalence was 46.6% (58).

According to systematic review conducted in Ethiopia show that the current and life time alcohol users was 23.8% and 44.16% respectively (59).

### **2.3.1 Types and Sources of Alcohol in Ethiopia**

Two different types of alcoholic beverages are found: Those are traditional and industrialized beverage. Ethiopia is supplied all those different types of alcoholic beverage i.e. ranging from imported wine and liquors (distilled spirits like whisky, vodka, gin), to beers produced by local factories and non-commercial (traditional) drinks.

#### **2.3.1.1 Non-commercial or illicit alcohol Beverages**

Traditional alcohol drinks produced for home consumption or limited local trade. Those types of beverages are called non-commercial or illicit alcohol Beverages. According to ICAP, these traditional alcoholic drinks were relatively widespread in different areas, especially to problem drinkers. Because those population had lowest socioeconomic status (37). Home-brewed alcoholic beverages are predominantly used in the rural areas and by people living in the urban areas who cannot afford factory made drinks. For example, young people (as young as 14 yrs old and high school, college and university students) consume local beverages like Areki and Tela as their main source of alcohol. Because these drinks were easily accessible to them and cannot afford other kinds of factory drinks (38). Some of the popular locally produced and home-brewed beer, wine and distilled alcohol beverages are the following:

**Tela** is made of barley and wheat. The alcohol content is 6% to 7% ABV but it is vary from place to place. Filtered tella has high alcohol content. Tela is beverage of choice for family occasions and religious celebrations (mahibers). It is very popular and highly valued. It is commonly consumed alcoholic beverage in the country in a long period of time (39).

**Shamita** had been low in alcohol content. It can prepare on overnight fermentation of mainly roasted barley flour and, used as meal-replacement (40).

**Teji:** alcohol content of teji is varying from 8% to 14%, averagely 10% ABV and made from honey, water and leaves of Gesho. Most of the time used on holidays and at weddings as well as served in hotels and bars (Tej bets) across the country (39).

**Borde** is a local beer for the southwestern parts of country. It was very thick and serves as a substitute for meal. Consumers of borde believe that it enhances lactation and mothers were encouraged to drink substantial amounts of it after giving birth (41).

**Areki, orkatikala:** the alcohol content of areki is from 30% to almost 50% ABV. It is very strong and dangerous to consume. Farmers and semi-urban people use areki more commonly (41).

Generally, from different literature the most popular traditional beverage are tej (honey wine), tella (a malt beverage like beer) and areki (distilled liquor). These drinks are widely served on festive occasions and at social gatherings.

### **2.3.1.2 Factory Drinks**

Beer was the most consumed alcoholic beverage, especially in urban areas. Currently five breweries are found in Ethiopia namely BGI Group, Dashen, Harar, Meta and Bedele Factories (42). The alcohol content of factory beers are usually ranging from 4% to 6% ABV. In addition to these, ouzo and gin is the national alcohol and liquor factory product. According to EPHA 2007 the most consumed alcohol beverage was tella. Next to tella beer and draft also more consumed. According to EPHA 2007 factory beer and draft were found during the last 12 months in all the selected areas especially in Awassa (52.2%), Dire Dawa (65.4%) and Addis Ababa (46.5%) (42).

### **2.4 Profile of alcohol users**

According to EPHA 2007, males alcohol drinking was more common than females. Depend on socio-demographic characteristics of people who ever drank alcohol were more males (49.7%) than females (33.9%). According to Behavioral Surveillance survey 2005, the use of Chat and alcohol were much more common among males than females (43).

Based on age group, 30.5% of the young adults aged 15-24 indicated that they had alcohol drinks at least once in their life. Young people seem to be the most involved in alcohol and Chat consumption than any other population group (44). The Behavioral Surveillance Survey conducted in 2005 has further showed that use of chat and alcoholic drinks were much more common among the OSY than ISY (45).

## **2.5 Drinking trend among young especially in high school and preparatory**

The age of initiation of alcohol use in Ethiopia is decreasing i.e. majority use alcohol below 18 years. Normally the legal age for initiation is 18 years and above. Young people especially adolescent are more sensitive to use alcohol because they are fast to experiment different things and brain are still in developing. In different part of the world different study were conducted related to young population and explain that early beginning of alcohol use leads to harmful use of alcohol, alcohol dependence and abuse problem. Young population in Ethiopia early begins to use alcohol. They went to be seen as fun, hip, cool & belonging to their peer groups and friend circles (12). A survey that conducted in Ethiopia 2015 national non-communicable disease survey indicate that a young age population use of alcohol prevalence were 36.6% for both sexes (42.6% male and 29.5% female) in the past 30 days also this is called current drinker. (46).

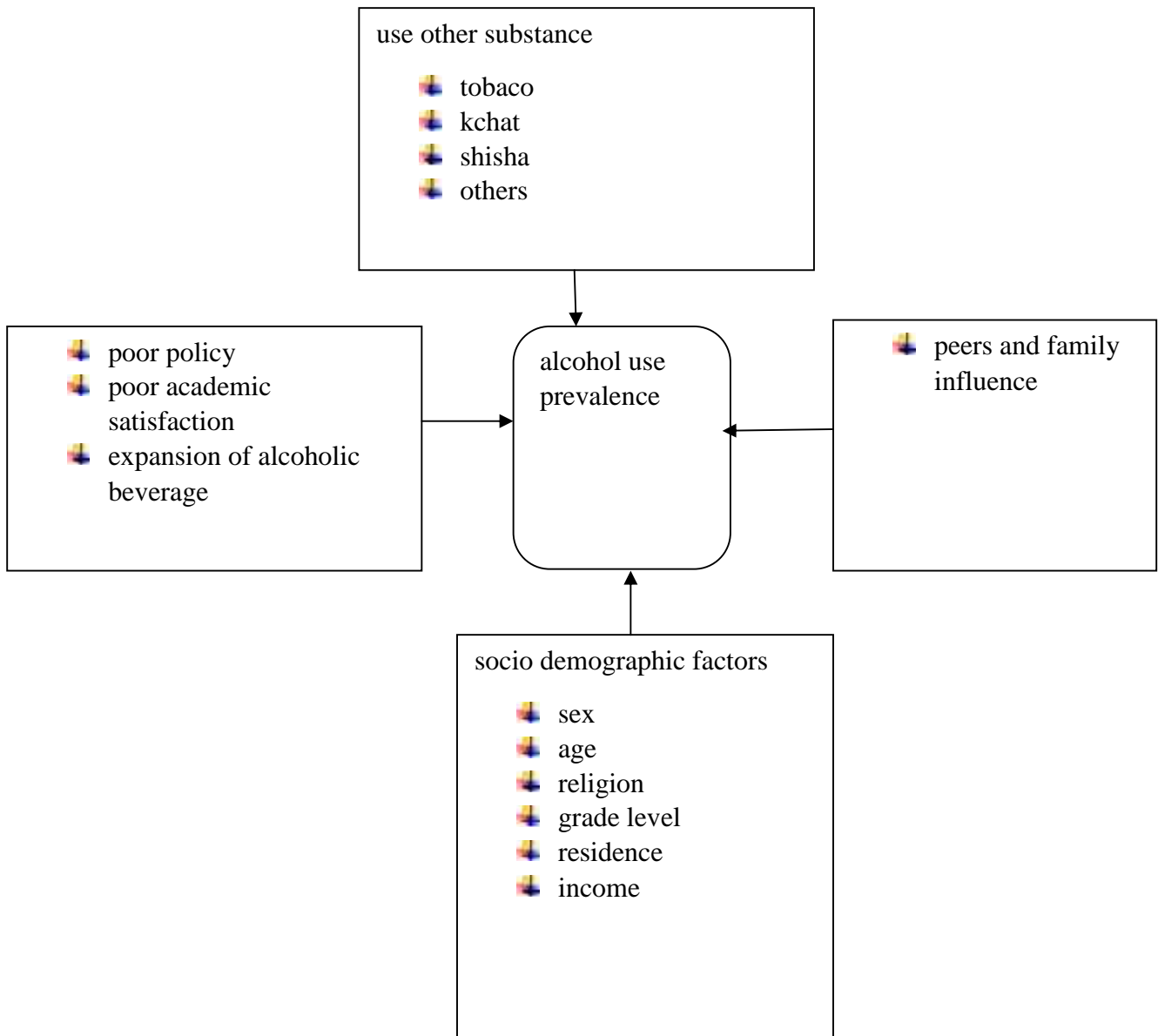
## **2.6 impact of alcohol use on health, social, academic performance and economic of student**

Alcohol use excessively or above the standard level even if standard level for adolescent threatens physical health, mental health, inhibits responsibility and poor academic performance. the standard level thresh hold is 10 mg daily. 10 mg equals to 285 ml beer, 30ml wusky, 110 ml of wine.

Alcohol had many different impact from those the first one was short term impact of alcohol were slurred speech, vision impairment, lack of coordination, extreme shifts in mood, memory laps and slowed breathing. Long term impact of alcohol use leads to cardio vascular disease, liver disease, respiratory infection, cancer, nerve damage and ulcers (47). According to the 2017 national survey on drug and health in America said that alcohol leads to different health problem due to expansion of the users. Those were put in to short term effect and long term effect. Short term effect secondary to alcohol include in this national survey were poor social judgment, trouble concentration, loss of coordination, dulled perception, mood swings and others. The long term effect in this survey were diminish gray matter, memory loss, loss of attention Span, alcoholic hepatitis, liver fibrosis, high blood pressure, stroke and irregular heart beat. So alcohol leads to different public health impact from short term up to death and the prevalence also increase from time to time with increasing its impact (48).

A study conducted in Mekelle university on the cause, prevalence and consequence of alcohol use of cross-sectional study indicate that alcohol use leads to physical health by injuries, physical disability and disease due to overdose of alcohol; threaten mental health by depression, developmental lags, withdrawal and other psychological problem; threaten socio economic development by poor self-supporting and greater demand for medical other treatment service and make crime like violence either oral or physical and stigmatized by peer, family and other person and esophageal cancer, liver cancer, and cirrhosis of the liver, homicide, epilepsy, and motor vehicle accident are also common (15). Alcohol uses also have an impact on academic performance i.e. reduce GPA, absent from school and dropout rate increase. One study suggests that variation in both the frequency of alcohol use contributes to the estimated effect on grades. An increase of one day per month in drunken frequency reduces GPA by 0.005 points, and consumption of one additional drunk per episode reduces GPA by 0.004 points (49). People who drink a lot of alcohol have more sexual partners, less likely to use condoms (correctly and consistently) and more likely to be HIV positive. For instance, a study done among HIV Counseling and Testing attendees in Addis Ababa show that those who drink alcohol were more likely to test HIV positive than those who were non drinkers due to their probability of being exposed to unprotected sex (50)

## Conceptual frame work



### **3. OBJECTIVE**

#### **3.1 General objective**

To assess the prevalence of alcohol use and associated factors among young age population at secondary and preparatory school in MehalMeda town, Ethiopia, 2019/2020

#### **3.2 Specific objectives**

3.2.1 To determine the prevalence of alcohol use among young age population at secondary and preparatory school in MehalMeda town

3.2.2 To identify the associated factors of alcohol use for the young age population at secondary and preparatory school in MehalMeda town

## **4. Method**

### **4.1 Study design**

School based cross- sectional study design was conducted to assess the magnitude and associated factors of alcohol use student in secondary and preparatory school in MehalMeda town.

### **4.2 Study area and period**

The study was conducted in MehalMeda secondary and preparatory school. The study area is located around 282 km from Addis Ababa, which is capital city of Ethiopia and 152 km from capital city of north shoe zone, Debrebirhan. MehalMeda is found 3132m above sea level and located at eastern edge of Ethiopian highland in north shewa zone. Menz Gera Midiris bordered on south by Menzlalo, on south west Menzkeyagebreal, on west by QecheneRiver which separate from south wollo zone, on the north by Gesherabel and on the east Efratagidim. Based on 2007 national census conducted by central statistical agency the population numbers were 11,055. The total area covered is around 1,112.28km<sup>2</sup> and the weather condition is cold. MehalMeda is the main city of Menz Gera Midirworeda. In this woreda there are 3 high schools. From those 3 high school one is high school and preparatory. The name of high school is MehalMeda secondary and preparatory school, Tshaysina secondary school and Wozed secondary school. The study was conducted in 2019/2020 and data was collected in November 1, 2 and 3.

## **4.3 Population**

### **4.3.1 Source population**

All students attending their teaching and learning process in MehalMeda woreda of all three high schools in regular day time student.

### **4.3.2 Sample population**

Students who were selected from the source population that attending their teaching and learning process in secondary and preparatory school in MehalMeda town during study period.

#### **4.3.2.1 Inclusion criteria**

To participate in this study, subjects were:

- regular day time student from grade 9- 12
- present in school on the day of data collection

#### **4.3.2.2 Exclusion Criteria**

To be excluded from the study, subjects were

- sick or incapacitated in some other way
- students absent from school during data collection day

### 4.3.3 Sample size determination and sampling technique

#### 4.3.3.1 Sample size determination

The sample size for this study was determined by using a formula for single population proportion.

There was a study done on prevalence of alcohol and associated factors of student in Harar, with prevalence of alcohol use 22.2% (12). Therefore, 22.2% proportion taken with 95% confidence interval and 5% margin of error (d), the sample size was calculated as follows.

$$N = z^2 pq / d^2$$

Given  $p = 0.222$

$$q = 1 - p = 1 - 0.222 = 0.778$$

$z =$  confidence interval (1.96)

$d =$  level of precision (margin of sample error tolerated) = 0.05 or 5%

$$N = 1.96^2 * 0.22 * 0.778 / 0.05^2 = 270$$

Use correction formula

$$N = n / (1 - NR) = 270 / (1 - 0.1) = 291$$

Non-response rate 10% =  $n / (1 - NR) = 270 / (1 - 0.1) = 291$  that means = 291

$$N = 291$$

Design effect = multiply by 1.5

$$N = 291 * 1.5 = 437$$

The required sample size using single population proportion was 270. Design effect of 1.5 and Non response rate of 10 % were considered that make a total sample size 437.

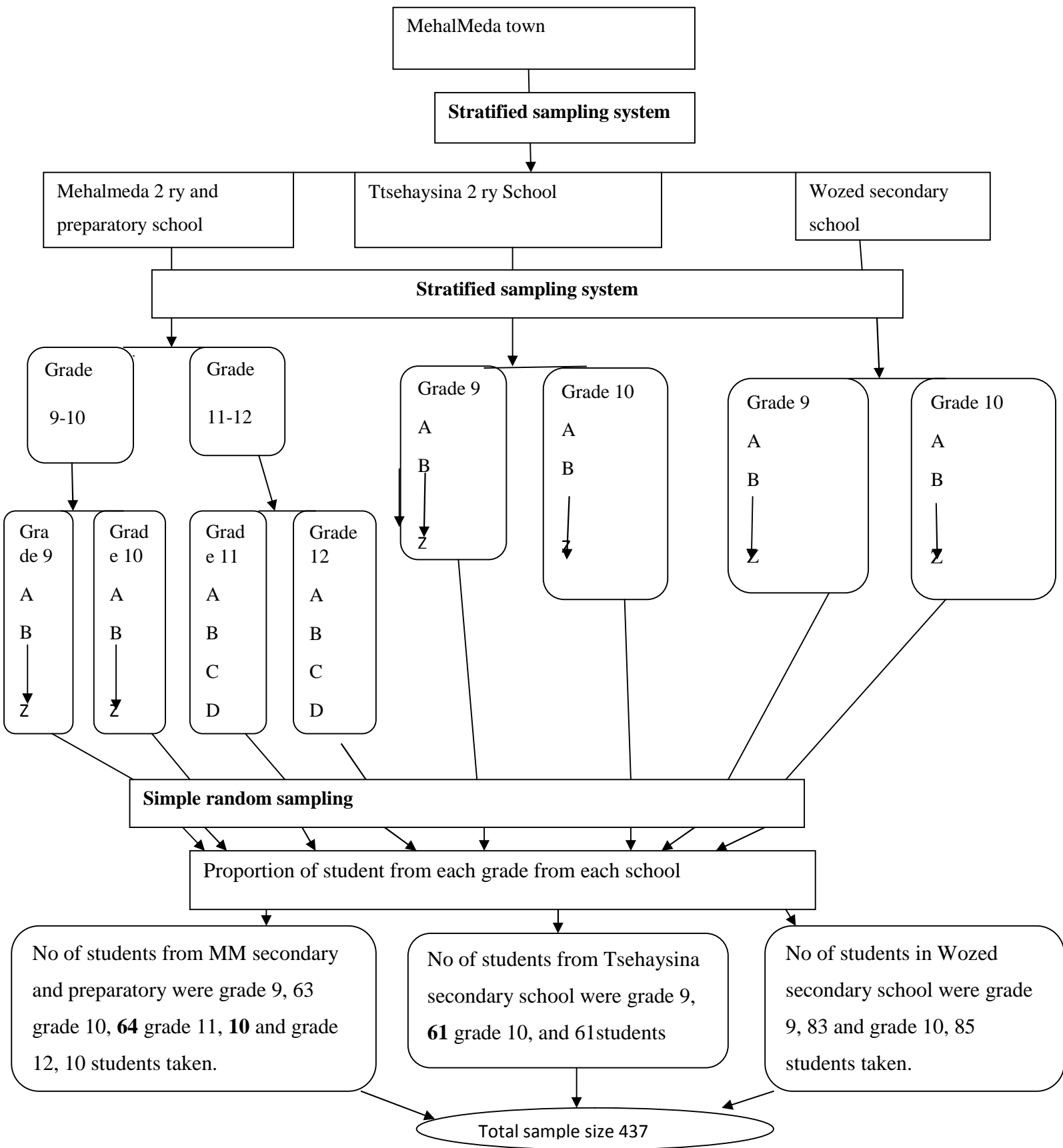
Design effect use to increase the sample size in this study area and to make the sample representative.

#### **4.3.3.2 Sampling technique**

In MehalMeda totally three high schools are found. From those one was secondary and preparatory school and the remaining two were secondary school. In MehalMeda secondary and preparatory school grade 9 and 10 were 52 classes and the total students were 2600 and grade 11 and 12 are 8 classes and total students were 400. These total students in this school were 3000. The total student in Tsehysina and Wozed were 2500 and 3500 respectively. So, the total number of student in this woreda were 9000 students in high school and preparatory. From those students 437 students were select from the three high schools by making proportion for each school.

For MehalMeda secondary and preparatory school, first I would stratified by grade 9-10 and 11-12. Then further stratified by each grade 9, 10, 11 and 12. Finally use simple random sampling technique for each grade section.

For Wozed and Tsehaysina secondary schools, stratified in grade 9 and grade 10 then uses simple random sampling technique for each section. Stratification sampling was used to make the sample representative and to simplify data collection. First calculate the sample for each school by using crisscross formula,  $9000 \div 437$  then from 2600, 2500 and 3000 sample population how much. calculate in this way for 3 schools. grade 9 and 10 had 26 class. so divide the sample of each school in to number of section for secondary school. for preparatory school only had 8 class and the number were around 400. then divide 400 by 8 section. each section in each grade have approximate number of students.



The above schematic presentation indicate that stratified probability sampling technique for grade stratification and use simple random sampling technique for selection of each study participant from each section in each grade.

#### **4.4 Data collection questionnaire and procedure**

Data was collect by using structured self administered questioner and for the cheek up of questioner weather it is good or not I used pre test for 20 students in other high school in zemero town and if the questioner went correction, I corrected it or if it was good continue as it was so .Zemero and Mehalmeda have the same geographical area, similar population and the same weather condition. So pretest was applied in zemero high school. The questioner had socio demographic characteristics, amount and frequency of alcohol use by student, knowledge and perception of students toward alcohol and what is the factor that leads to drink. The English version questioner was translated in to Amharic for more common and better understanding. Ten data collectors were used to collect data. those were diploma graduate teachers.

## 4.5 Study Variables and operational definitions

### 4.5.1 Dependent variable

alcohol use (yes, no)

### 4.5.2 Independent variables

**Socio demographic characteristic:** age, religion, sex, income, residence and other

**Expansion of alcohol drinking place and beverage industry:** availability of alcoholic beverages, alcohol user parents, friends (peers) that initiate to use alcohol.

**Use other substance:** chat, tobacco use and other

**Current status on education:** class-level, academic satisfaction, parental supervision

### 4.5.3 Operational definition

Some term that include in the thesis need further elaboration. There are different types of alcohol in different country around the world. In Ethiopia there are two types alcohol. Traditional or locally and Ethiopian made foreign liquor. The common alcohol containing traditional beverage in Ethiopia are Tela, Teji, Areki, Shamita and Borde.

Table 1: Alcohol beverage and alcohol content

Alcohol beverage and alcohol content	
Name of alcohol beverage	Alcohol content
Tela	6.36 % ( 5.21%-8.05%)
Teji	11.47 % ( 8.91%-13.7%)
Areki	37.22 % ( 30.50%-39.25%)
Shamita	very low alcohol content
Borde	very low alcohol content
Beer	5-6%
Whisky	40-55%
Vodka	40-55%
Wine	10-22 %

Gain from W.H.O2016 and different literature

**Alcohol:** a drink containing ethanol. Both home brewed as well as fabricated alcoholic Beverages.

**Alcohol use:** any unit of alcohol that use student during the study period

**Other substance use:** like chat and tobacco use by the student that exacerbate to use alcohol

**Binge drink:** using five or more alcohol containing standard beverage in one occupation

**Standard drink:** one standard drink of alcohol is equal to 10 gram of absolute alcohol.

#### **4.6 Data quality control issues**

To get the same meaning and common understanding for sample population translation was apply i.e. English to Amharic or Amharic to English by translator. Training was given for data collector and supervisor before at least one day of data collection. In addition to this give more information about tools of data collection, confidentiality and right of sample population was kept. The collected data was check weather it is complete or not. Data cleaning was performing before making analysis by manual and using computer.

#### **4.7 Data processing and analysis**

After data collection each questionnaire was checked for completeness: making data coding, clean and enter EPI data and export to SPSS for analysis. Descriptive static were done like percentage, mean and SD and other.

Calculate OR and CL to check the significance.

#### **4.8 Ethical considerations**

Ethical clearance was obtained from Addis Ababa University School of Public Health Ethics and research Committee. Official letter was write for MehalMeda woreda high school and preparatory by school of public health for their cooperation. All the sample population were informed about the objective and the purpose of the study and their verbal consent was obtained before conducting data collection.

Confidentiality of the information was assured.

#### **4.9 Plan for dissemination and Utilization of Results**

The result will be submitted to MehalMeda secondary and preparatory school, Addis Ababa university school of public health and other responsible body. The result will be present for thesis defense for partial fulfillment for master public health.

## 5. RESULT

### 5.1 Socio-demographic Characteristics of respondents

A total of 437 individuals participated in the study.

Regarding to age, 260(59.5%) of the study participants were 15-18 years and the remaining 177 (40%) were 19-22 years. The mean age of the respondents were 18.2 (SD±1.82). Minimum respondent age's were 15 and maximum respondent ages were 22 of years.

The majority of study participant 410(93.8%) were orthodox. Majority of the study subjects were grade 9(47.4%) and grade 10 (48.5%). The remaining 4.6% of participant were grade 11 and 12.

**Male participant in this study covered 253(57.89%) and the remaining 184 (42.1%) were female.**

Regarding to residence of the study subjects, 236(54%), 102(23.4%), 87(19.9%) were living in rented house, their own home and together with relatives respectively.

Majority of study subjects 377(86.2%) average monthly income were less than 500 Ethiopian birr. The remaining study subjects average monthly income 45(10.3%), 8(1.8%), 3(0.7%), 4(0.9) were 501-1000 Ethiopian birr, 1001-1500 Ethiopian birr, 1501-2000 Ethiopian birr and greater than 2000 Ethiopian birr respectively(table 2).

**Table 2: Socio-demographic Characteristics of respondents (N=437)**

Characteristics	Frequency	Percent
<b>Age</b>		
15-18 years	260	59.5%
19-22 years	177	40.5%
<b>Grade level</b>		
Grade 9	207	47.4%
Grade 10	210	48.05%
Grade 11	10	2.3%
Grade 12	10	2.3%
<b>Sex</b>		
Male	253	57.9%
Female	184	42.1%
<b>Religion</b>		
Orthodox	410	93.8%
Protestant	25	5%
Others	2	0.5%
<b>Present residence</b>		
Own home	102	23.2%
Rented house	236	54%
Together with relatives	84	19.9%
Others	12	2.7%
<b>Average monthly income</b>		
Less than 500 EB	377	86.2%
501-1000 EB	45	10.3%
1001-1500 EB	8	1.8%
1501-2000 EB	3	0.7%
Greater than 2000 EB	4	0.9%

## **5.2 Alcohol use characteristics of respondents**

One hundred thirty seven 31.4% [27.05%-35.75%] of the study participant had use alcoholic drink, out of those 104(75.9%) of the study participant were 15- 18 years. The remaining alcoholic users were 33(24.1%) and their ages were from 19-22.

Fifty eight (42.3%), thirty five (25.5%), twenty four (17.5%) and fourteen (10.2%) of the study participants were use alcoholic drink in home, bar and restaurants, hotel and relative house sequentially in the first time.

Alcohol users had different reason to use alcoholic drink during the first time.

From those alcoholic users 60(43.8%), 37(27%), 28(20.4%), 10(7.3%) had taken alcoholic drink during the first time due to religious occasions, because of peer, family occasions and to forget sorrows respectively.

Sixty-four (46.7%) of the study participants were drink beer the first time. The remaining were drink 40(29.2%) tela, 15(10.9%) wine, 7(5.1%) gin, 6(4.4%) teji and 4(2.9%) areki for the first time. Majority of study participant 68(49.6%), 39(28.6%), 23(16.8%) were usually use alcohol at home, bar and restaurant and hotel respectively.

Majority of alcohol users take alcohol at one occasions were 2 drink 51(37.2%), 1 drink 28(21.2%) and 3 drink 27(19.7%). One hundred one (23.11%) of study participant were drink alcohol in the past thirty days before the study conducted.

**In the past 30 days before the study conducted, 76(55.5%) uses alcohol 1 or 2 times, 19(13.8%) uses alcohol 3 to 9 times, 6(4.4%) uses alcohol 10 or more times.**

The remaining 36(26.3%) of study participant never used alcoholic drink the past 30 days before conduct the study (table 3).

**Table 3: Participants prevalence of alcohol use characteristics among high school and preparatory student in MehalMeda town in Three schools (N=437)**

Characteristics	Frequency	Percent
Ever taken alcohol		
1. yes	137	31.4%
2. no	300	68.6%
Age during alcohol taken for the first time (137)		
1. 15-18 years	104	75.9%
2. 19-22 years	33	24.1%
Place when you had drink alcohol during first time (137)		
1. at home	58	42.3%
2. at friends home	5	3.6%
3.relative house	14	10.2%
4.hotel	24	17.5%
5.bar and restaurant	35	25.5%
6.park	1	0.7%
Reason when you had drink alcohol during first time (137)		
1.religious occasion	60	43.8%
2.family occasion	28	20.43%
3.because of peer	37	27%

4.to forget sorrow	10	7.3%
5.other reason	2	1.45%

Type of alcohol that first tried to use (137)		
1.beer	64	46.5%
2.wine	15	10%
3.wsky	1	0.7%
4.gin	7	5.1%
5.teji	6	4.4%
6.tella	40	29.2%
7.borde	0	0
8.shamita	0	0
9.areki	4	2.9%
Place usually drink alcohol (137)		
1.own home	68	49.6%
2.freinds home	6	4.4%
3.bar and restaurant	39	28.6%
4.hotel	23	16.8%
Number of drinks usually have on one occasion(137)		
1.less than one drink	12	8.8%
2.one drink	28	21.2%
3.two drink	51	37.2%

4.four drink	6	4.4%
5.five or more drink	13	9.5%
In the past 30 days, number of times drinks alcohol (137)		
1.never drink	36	26.3%
2.one or two times	76	55.5%
3.three to nine times	19	13.8%
4.ten or more times	6	4.4%

### **5.3Family and peers of the study subjects that use alcohol**

Majority of the study participant friends had take alcoholic drink. Few friend, some friend and most friends of the sample population had use alcohol. few friends of the sample population had more alcohol user than some friends and few friends of sample population.

Similar to friends of sample population most of the families of sample population had use alcohols. fathers of the sample population had more alcohol user than other family members of sample population. Majority of the sample population did not discuss with their family about alcohol and its impact (table 4).

**Table 4: family and peers of study participant that use alcohol (N= 437).**

Characteristics	Frequency	Percent
Study participant friends that drink alcohol or not		
1.few friend drink alcohol	153	35%
2.some friend drink alcohol	98	22.4%
3.most friend drink alcohol	27	6.2%
4.no friends drink alcohol	159	36.4%
Parents of study participant that drink alcohol or not		
1.no one drink alcohol	198	45.3%
2.father drink alcohol	154	35.2%
3.mother drink alcohol	7	1.6%
4.both drink alcohol	78	17.8%
Family discussed with you about the Harmful effect of drinking alcohol		
1.yes	123	28.1%
2.no	314	71.9%

#### **5.4 Knowledge and perception of respondents on alcohol use and its impact**

Sample population perceived that people drink alcohol for different purpose like for fun, relax after work and culture permit to use alcohol. Sample population had different knowledge about different amount of alcohol and its impact. Sample population had different perception about health benefit of alcohol. Majority of the sample population perceived that alcohol have not health benefit. other sample population perceived that alcohol have used to protect heart disease, to reduce mental strain and helps in socialization (table 5).

**Table 5: Knowledge and perception of student in high school and preparatory in mehalmeda in Three high school related to using alcohol. (N= 437).**

People drink alcohol due to		
1.because their parent permit them	3	0.7%
2.because their culture permit them	11	2.5%
3.because friends drink alcohol	53	12.5%
4.because it is for fun	318	72.8%
5.because it relaxes them	52	11.9%
People harm themselves if they drink alcohol Once or twice a month		
1.no risk	222	50.8%
2.moderate risk	108	24.7%
3.great risk	3	0.7%
4.i don't know	104	23.8%
People harm themselves if they drink alcohol Several times a week		
1.no risk	24	5.5%
2.moderate risk	150	34.3%
4.great risk	178	40.7%
5.i don't know	85	19.5%
Can alcohol drink give positive health benefit		
1.no positive health benefit	323	74%
2.protect the heart	3	0.7%
3.reduce mental strain	66	15.1%
4.helps in socializing	44	10%

### **5.5 Socio demographic Factors, family and peer influence associated with alcohol use prevalence among Secondary, Preparatory school students in MehalMeda**

By using bi-variety analysis, age from 19-22 were associated with alcohol use prevalence by crude odd ratio 3.01[1.01-44.2]. The other socio demographic factors were form negative association with alcohol use prevalence. After controlling the confounding variables effect by using multi-variety logistic regression analysis age from 19-22 years had significantly associated with alcohol use prevalence by adjusted odd ratio 3.01[1.01-44.2] (table 6).

**Table 6: Association of alcohol use prevalence with socio demographic factors, Peer and family influence among high school and preparatory school students in mehalmeda.**

Alcohol use prevalence					
Variable	Level	Yes (N& %)	No (N& %)	COR(CI)	AOR(CI)
Age	15-18 years	104(40%)	156(60%)	1	
	19-22 years	33(18.6%)	144(81.4%)	3.01[1.01-44.2]	3.01[1.01-44.2]
Sex	Male	79(31.2%)	174(68.8%)	1.01(.67-1.52)	1.02(.58-1.80)
	Female	58(31.5%)	126(68.5%)	1	
Grade	9 <sup>th</sup>	65(31.6%)	141(68.4%)	0.54(.11-2.64)	1.11(.19-6.57)
	10 <sup>th</sup>	66(31.4)	144(68.6%)	0.54(.11-2.640)	1.75(1.34-4.19)
	11 <sup>th</sup>	3(30%)	7(70%)	0.37(.51-2.77)	0.62(0.06-6.38)
	Grade 12	2(20%)	8(80%)	1	
Income	Less than 500	118(31.3%)	259(68.7%)	0.00	0.00
	501-1000	14(31.1%)	31(68.9%)	0.00	0.00
	1001-1500	3(37.5%)	5(62.5%)	0.00	0.00
	1501-2000	1(25%)	3(75%)	0.00	0.00
	2000 +	1(20%)	4(80%)	1	
Religion	Orthodox	129(31.5%)	281(68.5%)	1.03(.43-2.46)	2.97(1.96-9.15)
	Muslim and	1(50%)	1(50%)	0.47(.26-8.52)	0.53(.014-20.02)
	Protestant	8(32%)	17(68%)	1	

Residence	Own home	31(30.4%)	71(69.6%)	0.00	0.00
	Rented house	74(31.4%)	162(68.6%)	0.00	0.00
	Relative home	28(32.2%)	59(67.8%)	0.00	<b>0.00</b>
	Others	4(33.3%)	8(66.7%)	1	
Peer influence	Few friend drink alcohol	154(64.2%)	86(35.8%)	1.15(.46-2.83)	0.82(.22-3.04)
	Some friend drink alcohol	99(63.8%)	56(36.2%)	1.64(.63-4.29)	1.86(.52-6.74)
	Most friend drink alcohol	26(61.9%)	16(31.1%)	1	
Family influence	Father drink alcohol	154(64.2%)	86(35.8%)	0.20(.99-0.43)	0.075(.03-0.19)
	Mother drink alcohol	7(7.6%)	85(93.4%)	0.59 (.10-0.34)	0.03(.00-0.039)
	Both drink alcohol	78(74.3%)	27(25.7%)	1	

## 6. DISCUSSION

This study had tried to assess the magnitude of alcohol use prevalence. The overall prevalence of alcohol in this study was 31.4% [27.05%-35.75%]. This is higher than a similar study done among high school students in Harare, Ethiopia, which was 22.2 % (22). The reason for such difference could be attributed to the difference in residence and weather condition. This study is lower than a study done in Public Health College in northern part of Ethiopia, which was 46.23 % (20). This difference may be increase freedom and get more income from families and their relatives in college than high school.

The study conducted in mekelle universty also higher than this study, which was 36 % (14). The reason may that in university students are far apart from family and may be getting more money. A study conducted in Kenya high school indicate that alcohol use prevalence were higher than this study, which was 37 % (23).

This study variation due to a study conduct in Kenya was more urbanized than this study area. In urbanized place every facility gets easily. The prevalence of alcohol use reported in current study among high school and preparatory school is lower than research conducted in kajiado and murang as which were 36% and 38% respectively (23). The possible reason could be population variation and study design. A study in India college alcohol use prevalence were 44% which was higher and different from this study due to economic development and in India the study area were college. This place give more freedom and get more many than high school (18).

The demographic characteristics of students show that there was a statistically significant association between age from 19-22 years and alcohol use prevalence which was supported by previous study (23). The other socio demographic variable like sex, income, residence, peers and family influence had no significant association with alcohol use prevalence i.e. This study found no association between sex, religion, residence, peer influence average monthly income especially more than 500 EBR with alcohol use of students unlike some previous studies where those variable differences were observed (9, 12, & 33). Studies conducted in Tanzania high school indicates that alcohol use prevalence were slightly higher than Ethiopia. Which was 32.5 % (21).

A study done in Kenya Nairobi university where the prevalence of alcohol use was 36%. There is a great variation between the current study (31.4% [27.05- 35.75%]) and this study. May be the place is more urbanized and the higher sample population (14).

The other study done in Colombia Medellin university entitled with alcohol use prevalence was 88.8% (16). This prevalence was higher than the current study. The reason may be the country is developed and place of study has high freedom.

In Edgerton university the prevalence of heavy episodic of alcohol was 21.1% (17). This study indicate that the prevalence was less than the current study. The reason may be done on standard (above standard drink) of alcohol. but the current study focus on both higher and lower alcohol use prevalence.

The prevalence of alcohol in Europe general population was 85% (27). this prevalence is higher than the current study. the reason may be the study was conducted in general population and the continent is more civilized.

The prevalence of alcohol in Uganda general population was 26.8% (28). this study has less alcohol use prevalence than the current study. the difference may be that the study area cover more rural area than the current study.

The national Ethiopian survey that conducted in adam had higher alcohol use prevalence 70% (36). this study is different from the current study. the reason may be that this study conducted in general population. The current study conducted focus only in the school.

A survey conducted in Ethiopia entitled with non-communicable in 2015 among young age population was 36.6% (46). This study is higher than the current study. The variation may be this study conduct in the summation of both outside and inside young population. But the current study focus on only school age population.

According to systematic review conducted in sub-Saharan Africa alcohol use prevalence was 52% (4). this study has high alcohol use prevalence than the current study. the difference may be that this study was a reviewed paper that means a combination of paper than the current study.

Alcohol use prevalence in general population of afar was 9% (36). the difference from the current study may be weather condition .

## **7. STRENGTH AND LIMITATION OF THE STUDY**

### **7.1 Strength**

1. Training was given for data collectors to get quality data, to keep confidentiality and privacy of study participant during data collection techniques
2. The target population was school based. because most of the time school based study does not done in high school related with this title. study done on college and university were more higher than high school.

### **7.2 Limitation**


1. The study may be exposed to recall biases. the reason is that sample population sometimes may be forget things and the instrument has ever alcohol use question. this leads to recall biases.
2. Self-reported information may leads to subjected reporting errors. the data collection method is self administer questioner and the sample population may be give less focus to respond the questioner and some students understand the objective of the study in the wrong way.
3. Not used qualitative methods : the reason is the current pandemic disease. it is difficult to apply focus group discussion and other qualitative methods by collecting students with group discussion due to expansion of corona disease.

## **8. CONCLUSION AND RECOMMENDATIONS**

### **8.1 Conclusions**

In conclusion. This study assesses that alcohol use prevalence among secondary and preparatory school students were relatively high among the study subjects. Age from 19-22 years was associated with alcohol use prevalence by odd ratio 3.01[1.01-44.2] . The other socio demographic factor had a negative association with alcohol use prevalence in this study.

### **8.2 Recommendations**

-  in this study alcohol use prevalence increase as age increase
- so focus on students by using different management strategies and intervention.
  - Further research for concerned body especially by comparing in school and out school alcohol use prevalence.

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## **ANNEXES**

### **ANNEX I: - Information sheet**

**Research Title:** alcohol use prevalence and associated factor among high school and preparatory student in MehalMeda School based Cross sectional study

**Name of principal investigator:** BelihuAyegont

#### **Name of the sponsor:**

Introduction: This information sheet and consent form will be prepared for MehalMeda high school and preparatory school. The aim of the form will be giving clear information for the institution about the purpose of the research, data collection procedures and finally to get permission to conduct the research.

**Purpose of the research project:** Primarily, the result of the study will be submitted to Addis Ababa University School of Public Health for the requirements to get Masters of Public Health in Reproductive and Family population Health (RFPH).

Due to the fact that there are no studies conducted on the area of in this specific place and no more study are conducted totally in Ethiopia. Globally alcohol is the major public health problem both in developed and developing country. In developing country like Ethiopia affect the young population due to different reason. The World Health Organization's encourage research with related to alcohol is main strategy to reduce burden. So, the finding of this study will contribute its part in filling the information and knowledge gap regarding to alcohol prevalence and associated factor and the main one is that population does not have sufficient information regard to alcohol content of traditional alcoholic beverage so give some information.

**Procedure:** During filling the self administered questioner your name will not be written in this format. You are not obliged to answer any question that you do not want to answer and you may not fill the questioner and you may leave at any time you want to and do not affect you and your grade or mark.

**Risk/ discomfort:** There will be no risk at all on study participant.

**Benefits:** There will be no incentive or direct benefit to the study participant. However, they will be beneficial indirectly from the research when the result of the study is used for program and policy maker and also useful for public health practioner as a source.

## **ANNEX II:-PARTICIPANT INFORMATION SHEET**

Dear students how are you? My name is----- I am post graduate student in Addis Ababa University, College of Health Science, and School of Public Health as Masters of public health on Family and Reproductive population health. Information I get from you help as to recommend to the concerned body about the improvement of public health problem of adolescent and youth because these age groups are the neglect population group. You were selected to participate in this study just by chance. The following are some general information about the study.

**Title of the study: ALCOHOL USE PREVALENCE AND ASSOCIATED FACTOR AMONG SECONDARY AND PREPARATORY SCHOOL STUDENTS IN MEHAL MEDA**

**Background of the study:** Substance uses are increase from time to time in all demographic population and it is also one of the major public health problems worldwide currently. From those the main one is using alcohol .alcohol is one of the most psychoactive substance used by adolescent and youth. Adolescent and youth use alcohol for the purpose to fulfill social and personal needs, enhance contact with peers and initiate new relationships, to increase sexual performance, boost confidence, and reduce stress and to increase social interaction alcohol .

**Objective of the study:** To assess the magnitude and associated factors of alcohol use among young age population at secondary and preparatory school in MehalMedatown, Ethiopia, 2019

**Benefit of the study:** There is no direct short term benefit for participants. However, it may use the policy makers to evaluate the increment of the problem from time to time and need intervention to improve it.

**Risk of the study:** This study has no risk for participants.

**Right of the participants:** Your participation is voluntary base and you are not obligated to answer any question you do not wish to answer. If you feel discomfort with the question you can omit the unneeded question.

**Confidentiality:** Your name will not be written in this form. All information given by you will be totally kept strictly secret.

## **Informed Consent**

If you want more clarification about the issue under the questioner and unclear thing here is the full address of principal investigator,

Tell; 0980440876 Email [belihuayegont2540@gmail.com](mailto:belihuayegont2540@gmail.com)

I have been provided with full information and made my decision without any interference.

Are you willing to participate in the study? Yes.... No-----

Signature \_\_\_\_\_ Date\_\_\_\_\_

Date of filling the self-administer questioner\_\_\_\_\_

Name of data collector\_\_\_\_\_

Name of supervisor\_\_\_\_\_

**ANNEX III: - QUESTIONNAIRE IN ENGLISH FORM  
PREVALENCE AND ASSOCIATED FACTOR OF ALCOHOL USE AMONG HIGH  
SCHOOL AND PREPARATORY STUDENTS IN MEHAL MEDA TOWN:**

**PART ONE:-GENERAL INFORMATION OF SUBJECTS**

<b>S.NO</b>	<b>Response</b>	<b>code</b>
1. Place of study	-----	gi01
2. Institution level		
1. High school	2. Preparatory	
3. Grade level		
1. Grade 9	3. Grade 11	
2. Grade 10	4. Grade 12	
4. Age	-----years	
5. Sex		
1. Male	2. Female	
6. Religion		
1. Orthodox	3. Protestant	
2. Muslim	4. Others	
7. Present residence		
1. Home	3. Relative place	
2. Rented house	4. Others please specify	
8. Average monthly income from family or others		gi08
1. Less than 500	4. 1501-200	
2. 501-1000	5. >2000	
3. 1001-1500		

**PART TWO:-PREVALENCE OF ALCOHOL USE ap01**

**9. Have you ever taken alcohol? (If no go to question number 22)**

1. Yes                      2. No

**10. How old were you when you had your first drink of alcohol? -----years**

**11. Where were you when you had your first drink of alcohol?**

1. at home      4. At hotel                                      7. Some other place  
2. at friends home                      5. Out on the street, in a park



**19.** During the past 30 days, how many times did you miss class due to using alcohol?

- 1. Never
- 2. 1 or 2 times
- 3. 3 to 9 times
- 4. 10 or more times

**20.** What is your much expenditure for alcohol drink?

- 1. Less than 500
- 2. 501-1000
- 3. 1001-1500
- 4. 1501-2000
- 5. >2000

**21.** How do you manage money for alcohol use?

- 1. From my pocket money
- 2. Borrow from friends
- 3. Get money from friends
- 4. Some other source (please tell)

**PART THREE: - FACTORS THAT LEAD TO USE ALCOHOL**

**22.** How many of your friends consume alcohol? A few 2, some, 3-4 and most 4 or more fr01

- 1. None
- 2. A few
- 3. Some
- 4. Most
- 5. All

**23.** If one of your best friends offered you a drink of alcohol, would you drink?

- 1. Definitely not
- 2. Probably not
- 3. Probably yes
- 4. Definitely yes

**24.** Which of your parents drink alcohol?

- 1. Neither
- 2. My father
- 3. My mother
- 4. Both

**25.** Has one of your families discussed with you about the harmful Effect of drinking alcohol?

- 1. Yes
- 2. No

**PART FOUR: - KNOWLEDGE AND PERCEPTION**

**26.** Why do people drink alcohol? kp01

- 1. Because their parents permit them
- 2. Because their culture permits it
- 3. Because their friends drink
- 4. Because it's fun
- 5. To forget sorrows
- 6. Other reasons (please specify)

**27.** How much alcohol wills a normal person Need to become drink?

- 1. Less than one drinks
- 4. 3 drink

- 2. 1 drinks
- 3. 2 drinks
- 5 or more drinks
- 6. I do not know

**28.** How much do you think people harm themselves?

If they drink alcohol once or twice a month?

- 1. No risk
- 2. Slight risk
- 3. Moderate risk
- 4. Great risk
- 5. I don't know

**29.** How much do you think people harm themselves?

If they drink alcohol several times a week?

- 1. No risk
- 2. Slight risk
- 3. Moderate risk
- 4. Great risk
- 5. I don't know

**30.** Which kind of do you think is safest alcoholic drink?

- 1. Beer
- 2. Wine
- 3. Wskiy
- 4. Gin
- 5. Tej
- 6. Tella
- 7. Borde
- 8. Shamito
- 9. Areki

**31.** What positive benefit can alcohol consuming give?

- 1. No positive health benefits
- 2. Protects the heart
- 3. Removes mental strain
- 4. Helps in socializing

**ANNEXIV:-የአማራጭ መጠይቅ**

**የግለሰብ በጥናቱ ለመሳተፍ የስምምነት መጠይቅ**

በመሀልሜዳ ከተማ በሚገኙ የቀን ተማሪዎች የአልኮል መጠጥ አጠቃቀማቸው ምን እንደሚመስል ለማጥናት የተዘጋጀ መጠይቅ

ውድ ተማሪ! ጤና ይስጥልኝ ሰሜ\_\_\_ይባላል። በአድስ አበባ ዮንቨርሲቲ የድህረ ምረቃ ፕሮግራም ተማሪ ነኝ ። መጠይቁ የተዘጋጀው በዮንቨርሲቲው የድህረ ምረቃ ፕሮግራም ማሟያ ለሚሆን ጥናት ነው። ጥናቱም የተዘጋጀው በመሀልሜዳ ከተማ በሚገኙ በተመረጡ የቀን ተማሪዎች የአልኮል መጠጥ አጠቃቀማቸው ምን እንደሚመስል ለማጥናት ነው። መጠይቁ በሙሉ ፍቃደኝነት ላይ ብቻ የተመሠረተ ነው ከመጥይቁ የሚገኘው መረጃ ሚስጥሩ ተጠብቆ ለጥናቱ አላማ ብቻ ይውላል።

ስለዚህ አንቺ/አንተ ለዚህ ጥናት ለመሳተፍ በአጋጣሚ ተመርጠሻል/ህል ። የዚህ ጥናት ውጤት በእናንተ ታማኝነት እና ግልጽነት በተሞላ መልሳችሁ ላይ የተመሠረተ ስለሆነ ለጥያቄዎቹ የምትጫቸው/ጣቸው መልሶች የራስሽ/ህ የሆነው እውነተኛ ምላሽ እንድትሰጩ /ጥእንጠይቃለን። ማንኛውም የምትሰጩው /ጠው መልስ ለጥናቱ አላማ ብቻ ይሆናል። ይህ ጥናት በእናንተ ላይ ቀጥተኛ ጉዳትም ጥቅምም የለውም።

ይህን ጥያቄ በሙሉ /በከፊል መመለስ ወይም በፈለግሽ/ህ ጊዜ ማቋረጥ መብትህ/ሽ ነው። የማትፈልጉትን ጥያቄ መዘለል ይቻላል። እንደህ በማድረጋችሁ ሚስጥራዊ ነገር ለሌላ ተላልፎ አይሰጥም። በመጠይቁ ዙሪያማናቸውንም ጥያቄዎች አሰመልቶ በነዚህ አድራሻዎች ያገኙናል። ስልክ +251 09 80 44 08 76 ኢ-ሜይል፡ belihuaygont2540@ gmail.com.

የጥናቱ ተሳታፊ ስምምነት መጠየቂያ ነው። እኔ\_\_\_ የቀን ተማሪ የአልኮል መጠጥ አጠቃቀም ምን እንደሚመስል ለማጥናት የተዘጋጀ መጠይቅ ተሳታፊ የሆንኩ ከላይ የተገለጹትን በሙሉ

አንብቤ/ ሰምቼ አላማውን እና ጥቅሙን ተረድቼ በሙሉ ፍቃደኝነት በጥናቱ ለመሳተፍ የምንሰጠውም መረጃ ለጥናቱ አላማ ሚስጥሩ ተጠብቆ እንደሚሰራ ተረድለሁ። በመሆኑም

በጥናቱ ለመሳተፍ

ሙሉ ፍቃደኛ .....

ፍቃዳ .....

ፊርማ..... ቀን.....

የአስተባባሪ ስም \_\_\_\_\_ ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_

ክፍል አንድ	አጠቃላይ መረጃ	አማራጭ
ተ.ቁ	ጥያቄ	
1	ጥናቱ የሚሰራበት ቦታ	
2	የስንተኛ ክፍል ተማሪነህ/ሽ/?	1. 9ኛክፍል 2. 10ኛክፍል 3. 11ኛክፍል 4. 12ኛክፍል
3	እድሜሽ/ህ ስንት ነው?	.....ዓመት
4	ፆታ	1. ወንድ 2. ሴት
5	ሀይማኖትህ/ሽ/ ምንድን ነው?	1. ኦርቶዶክስ 2. ሙሴሊም 3. ፕሮቴስታንት 4. ሌላ
6	በአሁኑ ሰዓት የምትኖርበት ቤት የማን ነው?	1. የራሴ(ከቤተሰብጋር ) 2. ተከራይቼ 3. ዘመድጋር
7	ከቤተሰብ ወይም ከሌላ የምታገኘው/ኘው ወርሀዊ ገቢ ስንት ነው?	1. ከ500 ያነሰብር 2. ከ501 -1000 ብር 3. 10001-1500 ብር 4. ከ1500 -2000 ብር 5. ከ2000 ብርበላይ
ክፍል ሁለት የአልኮል መጠጥ አጠቃቀምን የሚመለከት መጠይቅ		
8	ከአሁኑ በፊት የአልኮልባህር ያላቸው መጠጦች ጠጥተህ/ሽ/	1. አዎ

	<b>ታውቃለህ/ሽ ?</b>	<b>2. አልጠጣሁም</b>
9	<b>ከተራ ቁጥር ሰምንት መልስ አዎ ከሆነ ለመጀመሪያ ጊዜ አልኮል መጠጥ ሰትጠጣ ሰንት አመትህ/ሽ ነበር?</b>	<b>.....?</b> <b>መት</b>
10	<b>የተራቁጥር 8 መልስ አዎ ከሆነ ለመጀመሪያ ጊዜ አልኮል መጠጥ የጠጣው/ሽው የት ነበር?</b>	<ol style="list-style-type: none"> <li>1. ራሴ ቤት</li> <li>2. ጓደኛ ቤት</li> <li>3. ፓርክ</li> <li>4. ባር እና ሬስቶራንት</li> <li>5. ሆቴል</li> <li>6. ዘመድ ቤት</li> </ol>
11	<b>ለመጀመሪያ ጊዜ አልኮል መጠጥን ለመጠጣት ዋናው ምክንያት ሽ/ህ ምን ነበር?</b>	<ol style="list-style-type: none"> <li>1. በሀይማኖታዊ በዓል</li> <li>2. ቤተሰባዊ ምክንያት</li> <li>3. በጓደኛ ምክንያት</li> <li>4. ንዴት ለመርሳት</li> <li>5. ሌላ ካለጥቀስ</li> </ol>
12	<b>ለመጀመሪያ ጊዜ የጠጣሽው/ህው የአልኮል መጠጥ ምን ይባላል?</b>	<ol style="list-style-type: none"> <li>1. ቢራ</li> <li>2. ወይን</li> <li>3. ውስኪ</li> <li>4. ጅን</li> <li>5. ጠጅ</li> <li>6. ጠላ</li> <li>7. ቦርዴ</li> <li>8. ሻሜታ</li> <li>9. አረቄ</li> </ol>
13	<b>ለመጀመሪያ ጊዜ አልኮል መጠጥ ሰትጠጥ/ጣ አብሮሽ/ህ የነበረው ማን ነው?</b>	<ol style="list-style-type: none"> <li>1. ቤተሰብ</li> <li>2. ጓደኛ</li> <li>3. ዘመድ</li> <li>4. ማንም የለም</li> </ol>
14	<b>በአብዛኛው አልኮል መጠጥ የምትጠጣው/ዎው የት ነው?</b>	1. ቤት

		<ol style="list-style-type: none"> <li>2. ንደኛዬቤት</li> <li>3. ባርእናሬስቶራንት</li> <li>4. ሆቴል</li> </ol>
15	በአንድ ጊዜ እስከ ሰንት መለኪያ አልኮል መጠጥ ትጠቀማለህ /ሽ ?	<ol style="list-style-type: none"> <li>1. ከ1 መለኪያ ያነሰ</li> <li>2. 1 መለኪያ</li> <li>3. 2 መለኪያ</li> <li>4. 3 መለኪያ</li> <li>5. 4 መለኪያ</li> <li>6. 5 እና ከዚያ በላይ</li> </ol>
		5.
16	በአንድ ጊዜ በአብዛኛው እስከ ሰንት አልኮል መጠጦችን ትጠጣለህ/ሽ ?	<ol style="list-style-type: none"> <li>1. ከአንድ መለኪያ ያነሰ</li> <li>2. 1 መለኪያ</li> <li>3. 2 መለኪያ</li> <li>4. 3 መለኪያ</li> <li>5. 5 እና ከዚያ በላይ</li> </ol>
17	ባለፉት 30 ቀናት ሰንት ጊዜ የአልኮል መጠጦችን ጠጥተሽ/ህ ታውቃለህ/ሽ?	<ol style="list-style-type: none"> <li>1. ጠጥቼ አላቅም</li> <li>2. አንድ (ሁለት) ጊዜ</li> <li>3. ከ3-9 ጊዜ</li> <li>4. ከ10 ጊዜ በላይ</li> </ol>
18	ባለፉት 30 ቀናት አልኮል መጠጥ በመጣጣትሽ/ህ ምክንያት ሰንት ጊዜ ከትምህርት ገበታህ ላይ ቀርተህል/ሻል?	<ol style="list-style-type: none"> <li>1. ቀርቼ አላውቅም</li> <li>2. አንድ ሁለት ጊዜ</li> <li>3. ከሶስት እስከ ዘጠኝ ጊዜ</li> <li>4. ከአስር ጊዜ በላይ</li> </ol>

19	የአልኮል መጠጦችን ለመጠቀም ወይም ለመጠጣት ምን ያህል ገንዘብ ታወጫለሽ/ታህ?	<ol style="list-style-type: none"> <li>1. ከ500 ያነሰ ብር</li> <li>2. ከ501 – 1000 ብር</li> <li>3. ከ1001 -1500 ብር</li> <li>4. ከ1501 -2000 ብር</li> <li>ከ2000 ብር በላይ</li> </ol>
20	አልኮል መጠጦችን /ለመጠጣት የገንዘብ ምንጭሽ/ህ ምንድን ነው?	<ol style="list-style-type: none"> <li>1. የኪስ ገንዘብ</li> <li>2. ከጓደኛ በመበደር</li> <li>3. ከቤተሰብ በመቀበል</li> <li>4. ሌላ ካለጥቀስ</li> </ol>
<b>ክፍል 3 የአልኮል መጠጥ አጋላጭ ሁኔታዎች</b>		
21	ከጓደኞችህ/ሽ መካከል ሰንቆቹ አልኮል ጠጭዎች ናቸው?	<ol style="list-style-type: none"> <li>1. የሚጠጣ የለም</li> <li>2. በጣም ጥቂቶቹ</li> <li>3. የተወሰኑት ይጠጣሉ</li> <li>4. አብዛኞቹ ይጠጣሉ</li> </ol>
22	አንድ ጓደኛህ አልኮል መጣጥ ልጋብዝህ ቢልህ /ሽ ምን ትላላህ/ሽ?	<ol style="list-style-type: none"> <li>1. በፍፁም አልጠጣም</li> <li>2. ላልጠጣ እችላለሁ</li> <li>3. ልጣጣ እችላለሁ</li> <li>4. ደስ ብሎኝ</li> </ol>

		እጠጣለሁ
23	ከቤተሰቦችህ/ሽ ውስጥ አልኮል መጠጦችን የሚጠጣ ማን ነው?	<ol style="list-style-type: none"> <li>1. ማንም አይጠጣ</li> <li>2. አባቴ ይጠጣል</li> <li>3. እናቴ ትጠጣለች</li> <li>4. ሁለቱም ይጠጣሉ</li> </ol>
24	ከቤተሰቦችሽ/ህ መሀል ስለ አልኮል መጠጥ ጉዳት ከአንተ/ቺ ጋር ተወያይቶ የሚያቅ አለ?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም</li> </ol>
<b>ክፍል 4 ስለ አልኮል ያለውት እውቀት</b>		
25	ሰዎች የአልኮል መጠጦችን ለምን ይጠቀማሉ ብለህ/ሽ/ታሰቢያለሽ/ህ ?	<ol style="list-style-type: none"> <li>1. ቤተሰባቸው ስለሚፈቅድ ልላቸው</li> <li>1. ባህሉ ስለሚፈቅድ ልላቸው</li> <li>2. ንደኞቻቸው ስለሚጠጡ</li> <li>3. ለመዝናናት</li> <li>4. ንዴት ለመርሳት</li> </ol>
26	አንድ ጤናኛ ሰው ስንት መለኪ አልኮል መጠጦችን መጠጣት	<ol style="list-style-type: none"> <li>1. ከ1</li> </ol>

	አለበት?	<p>መለኪያ ያነሰ</p> <p>2. 1 መለኪያ</p> <p>3. 2 መለኪያ</p> <p>4. 3 መለኪያ</p>
27	አንድ ሰው 1 ወይም 2 መለኪያ አልኮል መጠጦችን በወር ውስጥ ቢጠቀም ምን ያክል ጉዳት ሊደርሰበት ይችላል?	<p>1. ምንም</p> <p>2. መጠነኛ ጉዳት</p> <p>3. ከፍተኛ ጉዳት</p> <p>4. አላውቅም</p>
28	አንድ ሰው በሳምንት ውስጥ በተደጋጋሚ አልኮል መጣጥ ቢጣጣ ምን ያህል ጉዳት ሊያጋጥመው ይችላል?	<p>1. ምንም</p> <p>2. መጠነኛ ጉዳት</p> <p>3. ከፍተኛ ጉዳት</p> <p>4. አላውቅም</p>
29	ከአልኮል መጠጣቶች መካከል ለአንተ /ለአንቺ ተስማሚው የቱ ነው?	<p>1. ቢራ 5.ጠላ</p> <p>2. ወይን 6.ቦርዴ</p> <p>3. ውስኪ 7. ሻሜታ</p> <p>4. ጅን 8. አረቄ</p>
30	አልኮል መጠጦችን መጠጣት ላንተ/ቺ አዎንታዊ ጥቅሙ ምንድን ነው?	<p>5. ምንም ጥቅም የለውም</p> <p>6. የልብ ህመምን ለመከላከል ይረዳል</p> <p>7. ድብርትን</p>

		<p><b>ለማሰወገድ</b>  <b>ድ</b>  <b>8. ማህበራዊ</b>  <b>ሕይወትን</b>  <b>ለማደበር</b></p>
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