

**ALCOHOL USE DISORDERS AND ASSOCIATED FACTORS AMONG  
JIMMA UNIVERSITY MAIN CAMPUS UNDERGRADUATE STUDENTS,  
SOUTH-WEST ETHIOPIA, JIMMA, 2016**



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JIMMA, ETHIOPIA

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## **Abstract**

**Background:** Alcohol use among University students is a problem throughout the world. Studies indicate that, alcohol use among adolescents is considerably raising and in particular University students are mostly at risk. Alcohol use among students has an association with poor academic performance, risky sexual behaviors and mental distress. **Objective:** To assess alcohol use disorders and associated factors among Jimma University main campus students. **Methods:** Institution based cross-sectional study design was used. Multi stage stratified sampling technique was used to select 796 study participants. Standardized self administered structured questionnaires, Alcohol Use Disorder Identification Test (AUDIT), Oslo 3 items social support scale (OSS-3) and Kessler-6 (K6), were used to assess alcohol use disorders, social support and psychological distress. Data was entered to Epi-Data version 3.1 and exported to and analyzed by using SPSS version 21 for windows. Bivariate and multivariable regressions were performed to explore factors independently associated with alcohol use disorders. Variables associated with AUDs and with p-value of less than 0.25 on bivariate analysis were entered together into multivariate logistic regression. Those variables with p-value of <0.05, with 95% CI on multivariable regression was considered as predictors of AUD. **Result:** A total of 741 students were participated in this study. The prevalence of Alcohol use disorders (AUDs) among Jimma University main campus students was 26.5%. Proportion of participants with social drinking, harmful drinking, hazardous drinking and possible alcohol dependence accounted for 19.6 % (n=145), 16.6% (n=123), 6.3 % (n=47) and 8.0 % (n=59) respectively. **Conclusion:** The proportion of students who have alcohol use disorders was significantly high. Being male, being in a relationship, married/separated/divorced, having close friend who drink alcohol, having history of mental illness, having history of suicidal attempt and having mental distress were found to be predictors of AUDs on multivariate logistic regression, Therefore, it is recommend that regulatory monitoring on alcohol use and intervention activities to bring behavioral change.

**Keywords:** Alcohol use disorders, Jimma University, undergraduate students.

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**Abbreviations:**

AIDS: Acquired immune deficiency syndrome

AUDs: Alcohol Use Disorders

CLG: college of law and governance

CHS: college of health science

CNCS: college of natural and computational science

CSSH: college of social; science and humanities

DALYS: Disability adjusted life years' lost

DSM: Diagnostic and Statistical Manual of Mental Disorders

HIV: Human immune deficiency virus

ICD: International classification of disease

JIHS: Jimma Institute of Health Sciences

JU: Jimma University

OSS-3: Oslo 3 items social support scale

OCD: Obsessive compulsive disorder

PLWHA: People living with HIV/AIDS

SA: suicidal attempt

SI: suicidal ideation

WHO: World Health Organization

# Contents

Abstract.....	1
ACKNOWLEDGEMENTS.....	2
Abbreviations:.....	3
List of figures.....	6
List of tables:.....	8
Chapter one: Introduction .....	8
1.1. Background.....	9
1.2. Statement of the problem.....	10
Chapter two: Literature review .....	12
2.1. Prevalence of alcohol use disorders among University students .....	12
2.2. Factors associated with alcohol use disorders among university students.....	14
2.3. Conceptual framework.....	15
Significance of the study.....	16
Chapter three: Objective .....	17
3.1. General objective .....	17
3.2. Specific objectives .....	17
Chapter four: Methods and materials.....	18
4.1. Study area and period.....	18
4.2. Study design.....	18
4.3. Source and study population.....	18
4.3.1 Source population .....	18
4.3.2. Study population .....	18
4.3.3. Study unit.....	18
4.4. Inclusion and exclusion criteria .....	18
4.4.1. Inclusion criteria .....	18
4.4.2. Exclusion criteria .....	18
4.5. Sample size determination and sampling procedures .....	19
4.5.1. Sample size estimation.....	19
4.5.2. Sampling procedure .....	20
4.6. Study Variables.....	22
4.6.1. Dependent variables.....	22
4.6.2. Independent variables .....	22

4.7. Data collection procedures and instruments .....	24
4.8. Data collection .....	25
4.9. Data analysis procedures.....	25
4.10. Data quality assurance .....	26
4.11. Operational definitions.....	26
Mental distress: .....	26
Risky sexual behavior: .....	27
4.12. Ethical consideration.....	27
4.13. Dissemination of the result .....	27
Chapter five: Result .....	28
5.1. Participants' characteristics.....	28
5.2. Prevalence of alcohol uses disorders and associated factors.....	32
5.3. Reasons for starting alcohol use.....	32
5.4. Multivariate logistic regression analysis.....	37
Chapter six: Discussion.....	39
Chapter seven: Conclusion and Recommendation.....	42
Strength and limitations of the study .....	41
Chapter 8: Recommendation.....	43
References.....	44
ANNEX: DATA COLLECTION INSTRUMENTS .....	49
1: QUESTIONNAIRE IN ENGLISH .....	49
Part 1: Consent Form .....	49
Part 2: Questionnaire to assess Scio-demographic and economic characteristics .....	50
Part 3: Educational performance.....	51
Part 4: mental health and substance use.....	51
Part 5: possible reasons for drinking alcohol .....	52
Part 6: Other factors .....	52
Part 7: ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT).....	53
Part 9: The Oslo 3 items Social Support scale. ....	57
PART-10: Questionnaire regarding sexual behaviors.....	59
መጠይቅ በአማርኛ ትርጉም .....	60
ክፍል 1: የፈቃድ ገዥነት ውል .....	60
ክፍል 2: የግልጅ ቤተሰብ አናግህበራዊ መጠይቅ.....	61

ክፍል 3: የትህርት-ውጤት ከመጠይቆች .....	63
ክፍል 4: የዕድሜ ርዕዮተኛነት ከመጠይቆች .....	63
ክፍል 5: ምክንያቶች (አልኮል ለመጠጣት) .....	65
ክፍል 6: ሌሎች ተዛማጅ ሁኔታዎች .....	65
ክፍል 7: የአልኮል መጠጥተዎት ድምጽ የሆኑ የጤና አካላትን መሰረት የደረገው መጠይቆች .....	65
ክፍል 8: ስነ-ልቦናን በተመለከተ (K6) .....	69
ክፍል 9: አሰሎ-3 የማህበራዊ ድጋፍ መጠይቅ .....	69
ክፍል 10: የታወቁ ግንኙነትን በተምከተ .....	71
<b>WARAQAA GAFFII AFAAN OROMOO .....</b>	<b>73</b>
Kutaa 1: eyyeema walii galtee .....	73
Kutan 2: gaaffii dhunfaa, maati fi hawaasumma .....	74
Kuta 3: gaaffii qabxii barumsaa ilaallatu .....	77
kuta 4: gaaffii baala sammuu nama haadochu .....	77
Kutaa 5: sababoota (alkoolii dhuuguf) .....	79
Kutaa 6: rakkolee walqabatan .....	80
Kutaa 7: Gaaffilee rakkoodhugaati alkooliin walqabatan addaan baasuuf gargaaran (AUDIT) .....	80
Kutaa 8: xin sammuu ilalchisee .....	83
Kuta 10: welqunnamtii saalaa ilalchisee .....	87
Declaration .....	88



## List of figures

Figure 1: Conceptual framework of alcohol use disorders among Jimma University students (developed after reviewing different Articles and scientific journals) south West Ethiopia.....	17
Figure 2: schematic presentation of sampling procedure, Jimma University main campus, May 2016.....	23

**List of tables:**

Table 1: Socio demographic and economic characteristics of Jimma University main campus students, May, 2016 (n=741) .....31-32

Table 2: association of socio demographic and economic characteristics with AUDs among Jimma university main campus students, May, 2016(n=741).....33-34

Table 3: association of other substance use, psychological factors and risky sexual behaviors with AUDs among Jimma university main campus students, May, 2016(n=741).....35-36

Table 4: factors associated with initiation of drinking alcohol among participants who had AUDs, Jimma University main campus, May, 2016 (n=374).....37

Table 5: Multivariate logistic regression of factors independently associated with AUDs among, Jimma University main campus students, May, 2016(n= 741).....39

## **Chapter one: Introduction**

### **1.1. Background**

Alcohol-containing beverages played a vital part in the daily lives of man since ancient time (1). Although there are different kinds of alcohol, ethyl alcohol (ethanol) is the only alcohol used in beverages by fermentation of grains and fruits (2). Alcohol is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. Although classified as a depressant, the amount of alcohol consumed determines the type of effect. Most people drink alcohol for the stimulant effect. But if a person consumes more than the body can handle, they then experience alcohol's depressant effect (3).

The World Health organization defines different categories of alcohol use disorders along the continuum of safe to dangerous drinking as 'hazardous', 'harmful' and 'dependent' (4). Hazardous drinking is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others despite the absence of any current disorder in the individual user (3, 4). Harmful use refers to alcohol consumption which results in consequences to physical and mental health (4, 5). Alcohol dependence is a cluster of behavioral, cognitive, and physiological phenomena that may develop after repeated alcohol use (5). Typically, these phenomena include a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance, and a physical withdrawal reaction when alcohol use is discontinued (5).

Alcohol use disorders need due attention on mental health as people with alcohol use disorders often have co-occurring psychiatric disorders (5). Since the symptoms associated with alcohol abuse and alcohol dependence are far-ranging and involve biological, psychological, and social domains, clinicians consider problems related to the drinker, the family, and the community at large while dealing with alcoholism (8- 10).

## **1.2. Statement of the problem**

Alcohol use disorders are a significant public health concern. Alcohol consumption is risk factor for morbidity, mortality and social harm worldwide. The global burden disease (GBD) study lists alcohol use among the 10 leading risk factors for certain diseases(11). The World Health Organization estimated that, there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million of them are affected with alcohol-related disorders(12). Alcohol caused about 3.8 per cent of all deaths (2.5 million) and about 4.5 per cent of disability adjusted life years lost (DALYS) (69.4 million) (13). The alcohol-attributable burden of disease varies by age and gender, with a higher burden for males and younger age groups (16,17). The presence of other psychiatric disorders are one of the most significant psychological risk factors for alcoholism (5,14). Excessive use of alcohol has been associated with the development of neuro-psychiatric conditions like depressive episodes, severe anxiety, insomnia, suicide, and abuse of other drugs, physical injuries and unsafe sexual behavior (10, 15). Continued heavy alcohol use also shortens the onset of physical illnesses including heart disease, stroke, cancers, and liver cirrhosis, by affecting the cardiovascular, gastrointestinal, and immune systems (10).

Alcohol is widely used among students of Ethiopia both in colleges and high schools(15). Students' poor academic performance is associated with alcohol consumption; this is because it contributes to students missing classes, failing tests, dropping out of school due to poor grades, and compromising the academic mission of colleges and universities(17).Excessive alcohol intake among college students also found to be associated with a variety of adverse consequences like, blackouts, violence, rape, assault, sexually transmitted diseases, including HIV/AIDS. Also, it is associated with vocational and criminal consequences that could jeopardize future job prospects(18). Alcohol consumption causes breaks in the relationship with family, peers and teachers. Furthermore; aggression, public disorder and high-risk behaviors, such as driving after drinking involving unintended pregnancy are also the negative effects often deriving from alcohol consumption in young people(17,19). Furthermore, increased level mental distress is associated with patterns of risky drinking among students (19).

There are many factors for people to start drinking alcohol. These include widely availability of alcohol, even for teen ager and for the effect that alcohol has on the central nervous system. Young people in university may drink alcohol during their time of transition to adulthood in order to explore their own beliefs about alcohol and as a reaction for social environment (peer

pressure). Beyond these factors, people could start drinking alcohol as it is culturally normalized (i.e. today alcohol is widely promoted through TV, radio, film, internet ...etc) (6-8).

As in any other developing countries, there is information gap regarding distribution and magnitude of alcohol use disorders among Ethiopian University students. Although there are published reports in some other localities of Ethiopia on alcohol use and associated factors, there is no or only few studies conducted specifically on alcohol use disorders and associated factors among University students. Therefore, this study may narrow the information gap on the magnitude of AUDs on university students particularly in Jimma university main campus students. Hence, the study was aimed at assessing alcohol use disorders and associated factors among Jimma University main campus students.

## **Chapter two: Literature review**

### **2.1. Prevalence of alcohol use disorders among University students**

Studies worldwide indicate that the prevalence of alcohol use among University students is on the rise. An institution based cross-sectional survey done to compare alcohol use among US and Canadian college students using a self administered questionnaire on a sample of students selected with probability-proportional to-size under 25 years (12344 US and 6729 Canadian) showed that, a prevalence of life-time and past year alcohol use among Canadian students and US students to be 92% versus 86%, 87% versus 81% respectively (20). Another study done among Columbian University students revealed a 12 months prevalence of alcohol use disorders of 21.1% (21). A web survey was completed by randomly selected 2,548 undergraduates in New Zealand University students and result showed a one month prevalence of alcohol consumption and hazardous alcohol consumption of 81% and 68% respectively (22). A cross-sectional study using a classroom distributed paper questionnaire on a total of 2,275 undergraduate Ireland University students revealed reported a prevalence of hazardous alcohol consumption of 66.4 % (65.2% men and 67.3% women) (39). A research done in Wayne State University showed that, alcohol has a role on college students' sexual assault experiences. On average, at least 50% of college students' sexual assaults were associated with alcohol use(23). A study done in Australia among University students showed that, the prevalence of heavy alcohol drink was 33% (24).

On study conducted in South Africa University students, half of the participants reported to have drinking patterns that are either hazardous, harmful or alcohol dependent (45). Study among Nigerian University students found that, the 12 months prevalence for alcohol dependence to be 0.8% (1.1% for male and 0.13% for female), for alcohol abuse to be 3.5% (4.4% for male and 1.1% for female) and alcohol use disorder (combined alcohol dependence and alcohol abuse) to be 4.3% (25). A study done among students in colleges and University campuses in Western Kenya showed that, lifetime prevalence rate of alcohol use to be 51.9%. However, 97.6% of the students were current alcohol users (26). A systematic review and Meta-analysis study done among young people in eastern Africa showed that, the prevalence of alcohol use was 41.1% on Ugandan university students, 52.0% on Kenyan University students, and 22.0% on Ethiopian University students (27).

A Study done among University Students in Ethiopia showed that, the most commonly used substance was alcohol (50.2%). 20% of participants reported that, they were drinking alcohol over the last 30 days prior to the study (7). A community based cross-sectional study conducted on a total of 10468 persons aged 15 and above using CAGE, in Butajira; South Ethiopia in 1999 revealed that the prevalence of alcohol use disorders was 3.7% (46). A study conducted among college students in Gondar, Ethiopia found that, 48.23 % and 26.4 % of the participants had ever alcohol use and during preceding thirty days of interview period respectively (28). Another study done among Debre-Markos University Students, North-West Ethiopia showed that, the 12 months prevalence of alcohol drinking was 35.8% (8). Similarly, a study done among Haramaya University students showed that, the prevalence of alcohol use to be 41.7%. of these students, 66.9% of them used alcohol to get pleasure, 18.5% to get relief from tension and 16.9% took it due to peer pressure (29). A study conducted among Dilla University students showed that, the life time alcohol consumption among male and female students was 62.8% and 55.9%, respectively (30). Another study done among students of Rift Valley University College in Bishoftu campus showed that, the life time and the current prevalence of alcohol drinking were 40.2% and 35.6% respectively. The reasons mentioned for the ever alcohol use were: relaxation with friends (51.4%), due to peer pressure (48.6%), to get relief from stress and to keep alert while studying (37.1%) and to be sociable 11.4%(10). A recent study done among Addis Ababa University students showed that, the 12 months prevalence of alcohol consumption to be 22% (31). A study conducted among Jimma University medical students, found the prevalence of alcohol intake to be 36.4% (15). A study conducted among people living with HIV/AIDS who were attending services in Jimma university specialized hospital, south west Ethiopia, prevalence of AUDs was 32.6%. And social drinkers, hazardous drinkers, harmful drinkers, and possible dependence to alcohol were, 31.4%, 24.7%, 2.8% and 5.1% respectively (34).

## **2.2. Factors associated with alcohol use disorders among university students**

Study done in Canadian, US, Australian, New Zealand, Ireland and Addis Ababa, showed that male gender has strong association with alcohol consumption (20, 22, 24, 31, 39). Particularly, a study result among Nigerian and Ireland University students revealed that male gender has an association with AUD (25, 39).

Being senior in campus, being smoker, use of other substances (like chat) and studying Law (20), found to have a strong association with AUD among university students (39). Studies conducted among University students further reported that, having parents who drink alcohol (25), presence of other psychiatric disorders (5, 14), using other substances (e.g. cigarette, khat, etc.) (39), lower frequency of attending places of worship or being non religious (25), higher monthly allowance/pocket money (25) and having friends with behavior of alcohol drinking and using other substances (28) have strong association with students' alcohol consumption. Study result from Ireland showed that significant proportion of students with hazardous alcohol consumption had increased number of missing class due to drinking alcohol (39).

A research finding in Australia revealed that, increased alcohol related problems were more likely in students with high score of mental distress (24). A study done among PLWHA in Jimma University showed that higher level of mental distress was independently associated with AUDs (34). A study result from Ireland revealed that having multiple sexual partners was independent predictors of hazardous alcohol consumption (39). Alcohol drinking found to increase the odds of risky sexual behavior among university students as reported by studies (7, 29, and 32).



### 2.3. Conceptual framework

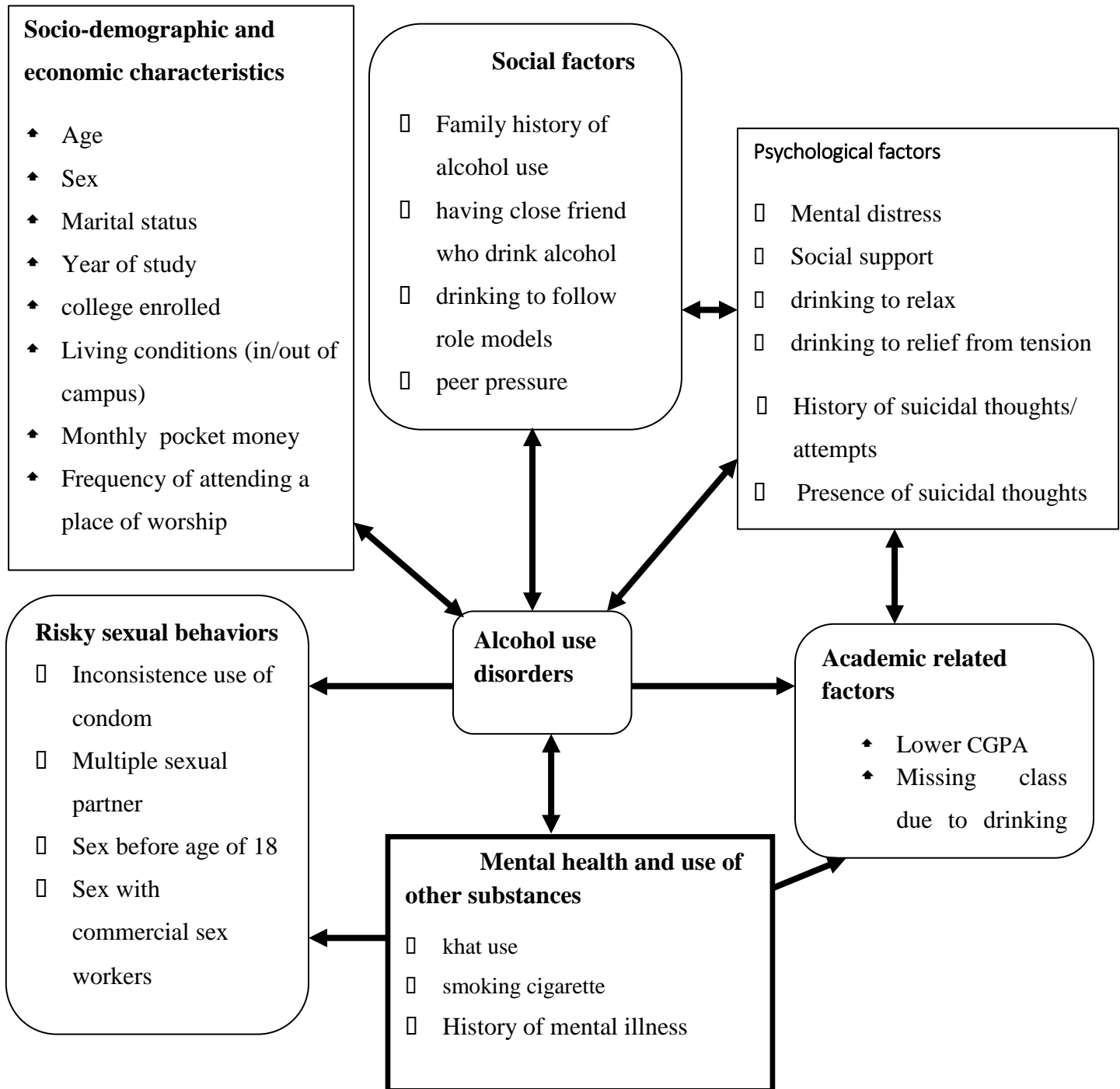


Figure 1: Conceptual framework of alcohol use disorders among Jimma University students (developed after reviewing different Articles and scientific journals) South West Ethiopia.

### **Significance of the study**

The immediate as well as long term effects of AUD results in students' academic failure due to poor grades, illnesses and being fired because of breaking the rules of the Universities. As AUDs have associations with students' risky sexual behaviors, this increases their chance of being infected with sexual transmitted diseases, including HIV/AIDS and experiencing unwanted pregnancies. Therefore; AUDs compromises the academic mission of colleges and universities and the county's major sustainable development goals (i.e. no poverty, quality education, and good health and well being among the others) at large by increasing number of young and unemployed citizens because of their failure to succeed in university educations and by increasing magnitude of HIV/AIDS among the productive part of the society.

However; there is limited information regarding AUDs among university students in our country. As far as the investigator level of knowledge there is no study done on the issue at disorder level among university students in Ethiopia.

In addition to assessing the prevalence of AUD, this study in advance to other studies done in the country, determined students' level of mental distress and its association with AUD and the association of social support and AUD. It will also determine the association between AUD and students' risky sexual behaviors. Therefore; the findings of this study will be significant in many respects to the university management and general public. The university management will benefit from the study because it will enable the management determine the extent of students involvement in alcohol and possibly device means of dealing with students alcohol drinking behavior. The outcome of this study will also assist the general public who associate with undergraduates to understand and appreciate the need to join in the fight against alcohol use disorders among university students. Saying this it will also be ground for further research.

## **Chapter three: Objective**

### **3.1. General objective**

To assess the prevalence of alcohol use disorders and associated factors among Jimma University, main campus students, southwest Ethiopia, 2016.

### **3.2. Specific objectives**

- \* To assess the prevalence of alcohol use disorders among Jimma University main campus students, and
- \* To identify factors associated with alcohol use disorders among Jimma University main campus students

## **Chapter four: Methods and materials**

### **4.1. Study area and period**

The study was conducted in Jimma University which is located 352 km south west of the capital city, Addis Ababa. Jimma University is one of the oldest Universities in the country. The University has a number of undergraduate, master's and PhD degree programs. These are offered in different disciplines including Medicine, Engineering, Agriculture, Business, Social and Natural Sciences (33). It has four functioning campuses (Main campus, College of Agriculture and veterinary medicine (JUCAVM), Kito Furdisa campus (Institute of technology/IOT), Business and economics college (BECO)). The study area (i.e. main campus), has currently four colleges. These are College of Natural and Computational Science, College of Medicine and Health Science, College of Social Science and Humanity and College of Law and Governance. A total of 31 departments and 6,155 regular undergraduate students were in the campus. The study was conducted from April, 1-20, 2016.

### **4.2. Study design**

Institution based cross-sectional study design.

### **4.3. Source and study population**

#### **4.3.1 Source population**

All regular undergraduate students in the main campus of Jimma University

#### **4.3.2. Study population**

A sample of students who were in the campus during the study period

#### **4.3.3. Study unit**

Individual students in the sample who actually participated in the study

### **4.4. Inclusion and exclusion criteria**

#### **4.4.1. Inclusion criteria**

★ All regular undergraduate students in the main campus

#### **4.4.2. Exclusion criteria**

★ Students who were severely ill due to any reason were considered to be excluded from the study

## 4.5. Sample size determination and sampling procedures

### 4.5.1. Sample size estimation

The sample size was determined by assuming alcohol use disorders prevalence rate of 50%, giving any particular out come to be with 5% margin of error and 95% confidence interval of certainty. Based on this assumption, the actual sample size for the study was computed using one-sample population proportion formula as indicated below.

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2}$$

Where:

n = Sample size

z = critical value 1.96

$\alpha/2$ = confidence level

P= prevalence of estimated AUD in the study populations was taken to be 0.5 as there was no similar study done on similar study population on same issue.

d= margin of error=0.05 (5%)

Therefore the value of n was calculate as follow

$$\begin{aligned} n &= (1.96)^2 \times 0.5(1-0.5) / (0.05)^2 \\ &= 3.8416 \times 0.249996 / 0.0025 \\ &= 0.9604 / 0.0025 \end{aligned}$$

$$n=384$$

Since the total population of college of main campus was less than ten thousands (N=6,155, office of registrar statistical data of active students 2003 to 2008), it was necessary to use correction formula to get the desired sample size

$$n_f = n / (1 + n/N)$$

$$n = 384 / (1 + 384/6155)$$

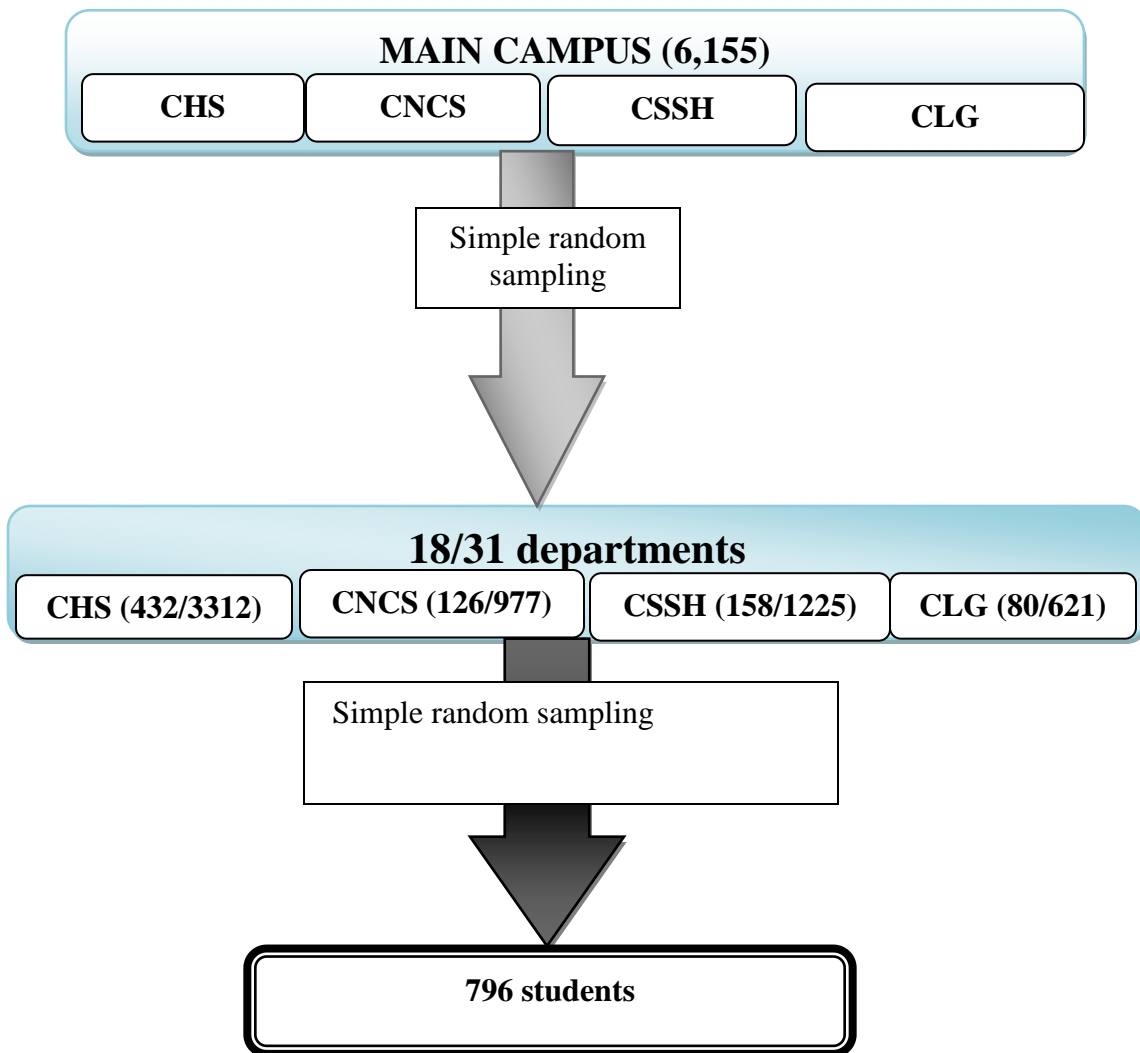
$$n = 384 / 1.06 = 362$$

$$n = 362$$

Considering non response rate of 10% the final sample size was 398. Since a multistage sampling procedure was used, the final sample was multiplied by two, giving 796.

#### **4.5.2. Sampling procedure**

A multistage stratified sampling method was used. Students were divided in to four strata of colleges (i.e. college of health science, college of natural and computational science, college of social science and humanity and college of law and governance). Out of the total of 31 departments of the campus, 18 departments were selected by using a lottery method. More than 50% of departments were included from each college. Then a total of 796 students were selected from each year of studies using simple random sampling method. Proportional allocation was used from each year of studies in each department (see figure 2).



Key:

- ◆ CNCS: College Of Natural and Computational Science
- ◆ CMHS: College Of Medicine and Health Science
- ◆ CSSH: College Of Social Science and Humanity
- ◆ CLG: College Of Law and Governance

*Figure 2: schematic presentation of sampling procedure, Jimma University main campus, May 2016.*

## **4.6. Study Variables**

### **4.6.1. Dependent variables**

- ★ Alcohol use disorders

### **4.6.2. Independent variables**

#### **Socio-demographic and economic characteristics**

- Age
- Sex
- Year of study
- Field of study
- Marital status
- Living condition ( dormitory or outside of campus)
- Living condition before campus
- Ethnicity
- Religion and
- Frequency of attending a place of worship
- Monthly pocket money
- Mother alive or not
- Mother's educational status
- Mother's occupation
- Father alive or not
- Father's educational status
- Father's occupation

#### **Academic performance**

- Cumulative GPA
- Classes missed because of drinking alcohol



**Mental health and substance use**

- History of mental illness
- History of prior suicidal thoughts/ attempts
- Presence of current suicidal thoughts
- Family history of alcohol use
- family history of mental illness
- Family history of cigarette smoking and khat chewing
- Presence of close friend with alcohol drinking behavior
- History of using other substances (cigarette, khat, shisha, cannabis...)

**Reason for drinking**

- Peer pressure
- Availability of alcohol
- To follow role model (families, teachers)
- Drinking to relax or to get pleasure
- To get relief from tension
- To enhance social relationship
- Academic dissatisfaction

**Psychological factors**

- Mental distress
- Social support

**Risky sexual behavior**

- Presence of multiple sexual partners
- Sexual activity from an early age
- Inconsistent use of condoms during sexual intercourse and
- Having sex with commercial sex workers

#### **4.7. Data collection procedures and instruments**

A structured self-administered questionnaire was used, which had five different sub-sections: a socio-demographic and economic questionnaire, questionnaires to assess AUDs, social support (OSS-3), mental distress (K6) and risky sexual behaviors. To measure AUD, alcohol use disorder identification test (AUDIT), which is already valid, with sensitivity and specificity of 90% and 80% was used. The AUDIT has proven to be accurate in detecting alcohol use disorders in university students (34). The AUDIT was developed and evaluated over a period of two decades, and it has been found to provide an accurate measure of risk across gender, age, and cultures. The AUDIT consists of 10 questions about recent alcohol use, alcohol dependence symptoms, and alcohol-related problems (34). For cultural appropriateness, the “standard drink” referred on questions two and three of AUDIT was modified based on the manual by converting the local measurements of alcohol beverages, “Tella” (tasa), “areke” (melekia/bush), and “Tej” (brile) to milliliters. Then the measured amount of alcohol was converted to a standard drink after calculating the mass and volume of the alcohol. Beer (bottle), “draft” (glass/ jambo/single) and wine (bottle/big/small) were converted to standard drink based on their alcohol content.

**Kessler-6** was used to assess level of mental distress. It was adapted to Ethiopia and validated with sensitivity and specificity of 84.2% and 82.7% respectively at cut-off point 5 to assess psychological distress (35).

**Oslo 3 items social support scale (OSS-3)** provides a brief measure of social support. It covers different fields of social support by measuring the number of people the respondent feels close to, the perceived interest and concern shown by others, and the perceived ease of obtaining practical help from others. In order to score OSS-3, total scores are calculated by adding up the raw scores for each item. The sum of the raw scores has a range from 3-14. A score ranging between 3 and 8 is classified as poor social support, a score between 9 and 11 as intermediate (moderate) social support and a score between 12 and 14 as strong social support. It was validated in Ethiopia with sensitivity and specificity of 84.2% and 82.7% respectively (36).

**Risky sexual behaviors** are behaviors that include engaging in sexual activity from an early age, inconsistent use of condoms during sexual intercourse, having sex with commercial sex workers and the tendency to have multiple sexual partners. An individual with at least one of these behaviors was considered to have risky sexual behavior (18, 32, 37). Tools were first prepared in English and then translated to Amharic and Afaan oromo by experts on these local languages. Backward translation was undertaken by independent language experts for consistency.

#### **4.8. Data collection**

Primary data was collected from individual students by using structured questioner, AUDIT, OSS-3, K-6 and risk sexual behavior. Data collection supervision was made by four BSc. psychiatry professionals. Principal investigator was involved in overall controlling activities of data collections. Supervisors were trained for two days by the principal investigator on the study instrument, consent form, how to maintain confidentiality and data collection procedure based on AUDIT, Kessler-6 scale for level of mental distress and the OSS-3 item social support.

#### **4.9. Data analysis procedures**

After data collection was completed and the necessary information was obtained, it was entered into a computer using Epi data version 3.1 statistical software. Then the data was exported into SPSS version 20 for windows. Data cleaning and editing was made before actual data analysis. Descriptive statistics for frequencies, mean and standard deviation were done to summarize the dependent and independent variables. Both bivariate and multivariate logistic regressions were used to determine the association of socio demographic factors & other independent variables with AUD. Firstly, each independent variable was entered into bivariate analysis one by one. Then, variables associated with AUDs with p-value of less than 0.25 on bivariate analysis were entered to multiple logistic regression altogether to control confounders. Finally, variables with p-value of <0.05 on multivariable regression are considered as predictors of AUD. Results were presented using frequency distribution, percentages and tables.

#### **4.10. Data quality assurance**

To assure the data quality, internationally recognized assessment tools, AUDIT, OSS-3, K-6 and other structured questionnaire were used. Amharic and Afan-Oromo version of questionnaire was used for data collection based on participants' interest. Regular supervision was made by the principal investigator to ensure that all necessary data were properly collected. Incomplete questionnaires were returned to participants at the spot before they leave. Each day during data collection, filled questioners were checked for completeness and consistency. Data cleaning and editing was made before actual data analysis. Pre-test was conducted on 5% of the sample among students from agriculture campus of JU two days prior to the main data collection to minimize information contamination among students. Corrections of words on questionnaire that was ambiguous for participants were done after pre-testing for example, addition of "you can have more than one choice" on part 5 questions 37 and arrangements of few questions on the AUDIT part was modified. Data that was collected in the pre-test was not included in the analysis as part of the main study.

#### **4.11. Operational definitions**

According to the alcohol use disorder identification test(AUDIT) the different level of alcohol use disorders were defined as follows(38).

- ◆ **Alcohol use disorders:** A total AUDIT score of eight or more
- ◆ **No AUDs was defined** as a total AUDIT score of less than eight
- ◆ **Social drinker:** A total AUDIT score of 1–7
- ◆ **Hazardous alcohol use:** A total AUDIT score of 8–15
- ◆ **Harmful alcohol drinking:** A total AUDIT score 16-19
- ◆ **Probable alcohol dependence:** A total AUDIT score 20 or above

**Mental distress:** A total score of 5 or more on Kessler-6 (35).

**Poor social support:** the sum of the raw scores of 3 - 8 (36)

**Intermediate social support:** the sum of the raw scores of 9 – 11 (36)

**Strong social support:** the sum of the raw scores of 12-14 (36).

**Risky sexual behavior:** In this study, participants who engaged into at least one of the four behaviors (i.e. inconsistent use of condom, presence of multiple sexual partners, sexual activity from an early age (before 18), and having sex with commercial sex workers), were considered as having risky sexual behavior (18, 32, 37).

#### **4.12. Ethical consideration**

Proposal of the thesis was approved by the ethical review board of Jimma University College of Health Sciences. Letter of permission was obtained as well. Written consent was obtained from every study participant. Ethical issues to be fulfilled include: providing explanation about the aim of the study just before distribution of the questionnaire, participants' right to refuse or discontinue participation at any time they want, the right to ask any thing about the study, the right to and not to get interventions for those students who have probable AUD and students' data confidentiality. For those participants who have concern regarding their alcohol consumption and mental health status and wish to get help, contact address (phone number) was left at the end of the questionnaires and it was also explained by supervisors.

#### **4.13. Dissemination of the result**

The finding of this study will be submitted to Jimma University College of health science, department of psychiatry, Jimma university students' psychiatric clinic. In advance further attempt will be made to present on national and international conference and to publish in scientific journal.

## **Chapter five: Result**

### **5.1. socio-demographic and economic characteristics of participants**

Out of the total of 796 sampled students, 741 students returned the properly filled questionnaires, making a response rate of 93.09%. The remaining 34 students didn't fill the questionnaires properly and 21 students refused to fill and returned the questionnaires.

Of the total participants, (62.1%, n=460) were males and (37.9%, 281) were females. The age of participants ranges from 17 to 42 with mean age of 22.68 (SD  $\pm$  2.979). 74.2% (550) of the study participants were in the range of 19 to 24 years of age. Most of participants were from college of health science (55.2%, 409), followed by social science and humanities (20.2%, 150), natural and computational science (15.9%, 118) and law and governance, (8.6%, 64). Ninety two percent (n=681) of the participants live in dormitory. Of the total participants, 88.4% (655) used to live with their parents prior to their entrance to University. Thirty six percent (n=267) of participants had average pocket money of  $\geq$ 500 ETB. 72.6% (538) and (22.9%, 170) were single and in a relationship respectively. Out of the total participants, (28.6%, 212) were first year, (28.2%, 209) were second year and (22.7%, 168) were third year. Out of the total participants, (42.2%, 313) were Oromo, (28.5%, 211), were Amhara, (12.8%, 95) were Gurage and (11.7%, 87) were Tigre. 54.8% (406) of participants reported to attend place worship on daily base, followed by (30.5%, 226) 2-3 times a week, and (9.9%, 73) attend weekly. Majority of the study participants 56% (415) were orthodox religion followers followed by Protestant 21.7% (161). 37.5% (278) of the total participants reported to have mother who was illiterate, and 70.9% (525) of participants mothers were self employed. Whereas 30.6% (227) and 54.2% (405) of participants had father of who completed college and above and self employed respectively. 5.8% (43) and 9.0% (67) of participants claimed to have no mother and father respectively.

*Table 1: Socio demographic and economic characteristics of Jimma University main campus students, May, 2016(n=741).*

Characteristics		Frequency (%)
Sex	Male	460(62.1)
	Female	281(37.9)
Age group	≤ 18	21(2.8)
	19-24	550(74.2)
	>24	170(22.9)
Year	Year I	212(28.6)
	Year II	209(28.2)
	Year III	168(22.7)
	Year IV	77(10.4)
	Year V	54(7.3)
	Year VI	21(2.8)
Ethnicity	Oromo	313(42.2)
	Amhara	211(28.5)
	Gurage	95(12.8)
	Tigre	87(11.7)
	Others	35(4.7)
Current living condition	In dormitory	681(91.9)
	Outside	60(8.1)
Religion	Orthodox	415(56.0)
	Islam	125(16.9)
	Protestant	161(21.7)
	Catholic	31(4.2)
Frequency of going to places of worships	Others	9(1.2)
	Daily	406(54.8)
	2-3 times a week	226(30.5)
	Weekly	73(9.9)
	Less than weekly	36(4.9)

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Marital status	Single	538(72.6)
	In relation ship	170(22.9)
	Married/Separated/	33(4.5)
	Divorced/Widowed	
College enrolled	CHS	409(55.2)
	CNCS	118(15.9)
	CSSH	150(20.2)
	CLG	64(8.6)
Monthly pocket money(birr)	<100	46(6.2)
	100-299	224(30.2)
	300-499	204(27.5)
	≥ 500	267(36.0)

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Other ethnicity= Wolayta, Sidama, Kafa, Hadiya, and Silte.

Other religion= Giova, Adventist, and Waqefata.



## 5.2. Mental health, substance use and risky sexual behavior of study participants

Nearly ten percent (9.7%, 72) of participants reported to have history of mental illness at least at some point in their life and 6.6 % (n=49) reported to have family history of mental illness. Of the total participants, (9.2%. 68) claimed to have past history suicidal ideation, (4.3%, 32) reported to have history of suicidal attempt and (4.5%, 33) reported to have suicidal ideation during the time of the study. Quarter of participants (25.1%, 186) had family history of drinking alcohol. 8.9% (66) of the total participants had history of physical illness at least once in their life. 7.8% (59) had history of smoking cigarette and 29.6% (219) had life time experience of chewing khat.

Of all participants, 42.5% (315) of them had intermediate social support. Nearly one third 32.7% (242) of total participants had poor social support and slightly more than one fourth, 24.5% (184) had strong social support. 43.2 % (n= 320) of study participants (males = 46.3%, 213 and females = 38.1%, 107) found to have mental distress. 41.0% (304) of participants were identified to have risky sexual behavior. The minimum and maximum GPA of participants was 2.00 and 4.00 respectively with mean CGPA of 2.967 (SD  $\pm$  0.445).

*Table 2: Mental health, substance use and risky sexual behaviors among Jimma university main campus students, 2016(n=741)*

Characteristics of participants		Frequency (%)
History of mental illness	Yes	72(9.7)
	No	66(9.3)
Family history of mental illness	Yes	49(6.6)
	No	692(93.4)
History of suicidal ideation	Yes	68(9.2)
	No	673(90.8)
History of suicidal attempt	Yes	32(4.3)
	No	709(95.7)
Current suicidal ideation	Yes	33(4.5)
	No	708(95.5)
Family history of alcohol drinking	Yes	186(25.1)
	No	555(75.9)
Family history smoking cigarette	Yes	100(13.5)

	No	641(86.5)
Presence of close friend who drinks alcohol	Yes	281(37.9)
	No	460(62.1)
Use other substance	Yes	49(6.6)
	No	692(93.4)
Cigarette smoking	Yes	59(7.8)
	No	683(92.2)
History of physical illness	Yes	66(8.9)
	No	675(91.1)
Risky sexual behavior	Yes	304(41.0)
	No	437(59.0)

### 5.3. Prevalence of alcohol uses disorders

The internal consistency of AUDIT was within the accepted range (Cronbach's  $\alpha = 0.76$ ). The current prevalence of alcohol use disorder among Jimma university Main campus students was 26.5% (n=196). The life time prevalence of alcohol use among Jimma University Main campus students was 50.47% (n=374). 19.6 % (n=145) of the total participants were found to be a social drinkers, 16.6 % (n=123) were hazardous drinkers, 6.3% (n=47) were harmful drinkers and 8.0 % (n=59) were found to have possible alcohol dependence. The prevalence of AUDs among males and females students was 32.6% (n=150) and 16.4% (n=46) respectively (see table 2).

### 5.4. Reasons for starting alcohol use

Out of the total students with AUDs, the majority claimed to start drinking alcohol due to peer pressure (54.6%, 107) followed by to follow role models like families 24.5%(48) and due to easily availability of alcohol 11.7%(23). More than half of participants reported to prefer beer 54.2% (201), followed by tella 35.0% (130), draft 22.9% (85) and wine 1.3% (79).

*Table 3: factors associated with initiation of drinking alcohol among participants who had AUDs, Jimma University main campus, May, 2016 (n=374)*

Students reason for starting alcohol use	Frequency (%)
Easily available	23(11.7)
Peer pressure	107(54.6)
To follow role model	48(24.5)
To relief from tension/ Dissatisfaction on academic issues	12(6.1)
Other reasons	6(3.1)

Other reasons = to increase confidence in front of others, for personal pleasure, to stay awoken

### **5.5. Factors associated with alcohol use disorders in binary logistic regression model.**

Among socio-demographic and economic related factors, being male, being 2<sup>nd</sup> year and above, being from college of law and governance, being in relationship or being married, separated or divorced, not attending place of worship on daily basis, living condition and social support were significantly associated with AUDs in binary logistic regression model. Hence, those variables were selected for multivariable analysis as they had P value of < 0.25

*Table 4: association of socio demographic and economic characteristics with AUDs among Jimma university main campus students, May, 2016(n=741)*

Characteristics	No AUDs (%)	AUDs (%)	COR (CI-95%)	P value	
Age	<= 18	18(85.7)	3(14.3)	Reference	
	19-24	407(74.0)	143(25.0)	2.11(0.61-7.26)	0.237*
	>24	120(70.6)	50(29.4)	2.50(0.71-8.86)	0.156*
Sex	Male	310(67.4)	150(32.6)	2.47(1.71-3.58)	<0.001*
	Female	235(83.6)	46(16.4)	Reference	
Year of study	1 <sup>st</sup> year	168(79.3)	44(20.8)	Reference	
	2 <sup>nd</sup> year	164(84.5)	45(21.5)	1.05(0.65-1.67)	0.845
	3 <sup>rd</sup> year	112(66.7)	56(33.3)	1.91(1.20-3.03)	0.006*
	4 <sup>th</sup> year	52(67.5)	25(32.5)	1.84(1.03-3.28)	0.041*
	5 <sup>th</sup> year	35(64.8)	19(35.2)	2.07(1.08-3.97)	0.028*
	6 <sup>th</sup> year	14(66.7)	7(33.3)	1.91(0.72-5.02)	0.190*
college enrolled	CHS	304(74.3)	105(25.7)	Reference	
	CNCS	86(72.9)	32(27.1)	1.08(0.68-1.71)	0.752
	CSSH	117(78.0)	33(22.0)	0.82(0.52-1.28)	0.373
	CLG	38(59.4)	26(40.6)	1.98(1.15-3.42)	0.014*
Marital status	Single	427(79.4)	111(20.6)	Reference	
	In relationship	101(59.4)	69(40.6)	2.63(1.81-3.81)	<0.001*
	Married/ Separated/ Divorced/Widowed	13(59.1)	9(40.9)	3.62(1.88-7.39)	<0.001*
Religion	Orthodox	285(68.7)	130(31.3)	Reference	
	Islam	106(84.8)	19(15.2)	0.39(0.23-0.67)	<0.001*
	Protestant	130(80.7)	31(19.3)	0.52(0.36-0.84)	0.004*
	Catholic	20(64.5)	11(35.5)	1.21(0.56-2.59)	0.631
	Other	4(44.4)	5(55.6)	2.74(0.72-10.37)	0.138*
Frequency of attending place of worship	Daily	320(78.8)	86(21.2)	Reference	
	2-3 times a week	159(70.4)	67(29.6)	1.57(1.08-2.27)	0.018*
	Weekly	42(57.5)	31(42.5)	2.75(1.63-4.63)	<0.001*
	Less than monthly	24(66.7)	12(33.3)	1.86(0.89-3.87)	0.097*

Pocket money	<100	34(73.9)	12(26.1)	0.90(0.44-1.84)	0.779
	100-299	163(72.8)	61(27.2)	0.96(0.64-1.43)	0.832
	300-499	156(76.5)	48(23.5)	0.79(0.52-1.19)	0.265
	>=500	192(71.9)	75(28.1)	Reference	
Living condition	In dormitory	508(74.6)	173(25.4)	Reference	
	Outside of campus	37(61.7)	23(38.3)	1.83(1.06-3.159)	0.031*
Social support	Poor	161	81	2.302(1.451-3.653)*	0.000*
	Intermediate	233	82	1.653(1.024-2.533)*	0.039*
	Strong	151	33	Reference	

\*(p<0.25) indicates variables which were associated with AUDs on bivariate logistic regression model.

Among factors related to mental health, substance use, risky sexual behavior and psychological factors, having history of mental illness, family history of mental illness, having history of suicidal ideation, having history of suicidal attempt, presence of suicidal ideation, having family history of drinking alcohol, having family history of chat chewing, presence of close friend who chew chat, presence of close friend who drinks alcohol, being khat chewer, use of other substances, being a smoker, having high level of mental distress, having risk sexual behaviors, having poor and intermediate social support and having history of physical illness all had P value of less than 0.25 and were candidates for multiple logistic regression.

*Table 5: association of other substance use, psychological factors and risky sexual behaviors with AUDs among Jimma university main campus students, May, 2016(n=741)*

Characteristics		No AUDs (%)	AUDs (%)	COR (CI-95%)	P value
Drinking related abscentism	Yes	9(16.4)	46(83.6)	18.26(8.740-38.163)	<0.001*
	No	536(78.1)	150(21.9)	Reference	
History of mental illness	Yes	38(57.8)	34(47.2)	2.80(1.706-4.595)	<0.001*
	No	507(75.8)	162(24.2)	Reference	
Family history of mental illness	Yes	27(55.1)	22(44.9)	2.43(1.347-4.370)	0.003*
	No	518(74.9)	174(25.1)	Reference	
History of suicidal	Yes	36(52.9)	32(47.1)	2.76(1.661-4.584)	<0.001*

ideation	No	509(75.6)	164(43.4)		Reference
History of suicidal attempt	Yes	12(37.5)	20(62.5)	5.05(2.419-10.533)	<0.001*
	No	533(75.2)	176(24.8)		Reference
Current suicidal ideation	Yes	17(51.5)	16(48.5)	2.76(1.366-5.578)	0.005*
	No	528(74.6)	180(25.4)		Reference
Family history of alcohol drinking	Yes	101(54.3)	85(45.7)	3.37(2.359-4.804)	<0.001*
	No	444(80)	111(20)		Reference
Family history smoking cigarette	Yes	50(50.0)	50(50.0)	3.39(2.198-5.229)	<0.001*
	No	495(77.2)	146(22.8)		Reference
Family history of chat chewing	Yes	121(62.4)	73(37.6)	2.08(1.461-2.960)	<0.001*
	No	424(77.5)	123(22.5)		Reference
Presence of close friend who drinks alcohol	Yes	156(55.5)	125(44.5)	4.39(3.108-6.202)	<0.001*
	No	398(86.5)	71(13.5)		Reference
Frequency of chewing chat	Never	418(80.1)	104(19.9)		Reference
	Weekly	80(67.2)	39(32.8)	1.96(1.263-3.039)	0.003*
	1-3 times per month	17(47.2)	19(52.8)	4.49(2.256-8.944)	<0.001*
	1-3 times per week	13(37.1)	22(62.9)	6.80(3.316-13.953)	<0.001*
	Daily	17(58.6)	12(41.4)	2.84(1.314-6.125)	0.008*
Use other substance	Yes	13(26.5)	36(73.5)	9.21(4.767-17.786)	<0.001*
	No	532(76.9)	160(23.1)		Reference
Cigarette smoking	Yes	11(19.0)	47(81.0)	15.31(7.749-30.260)	<0.001*
	No	534(78.2)	149(21.8)		Reference
History of physical illness	Yes	34(51.5)	32(48.5)	2.93(1.754-4.902)	<0.001*
	No	511(75.7)	164(24.3)		Reference
Mental distress	Yes	193(60.3)	127(39.7)	0.29(0.212-0.419)	<0.001*
	No	352(83.6)	69(16.4)		Reference
Risk sexual	Yes	181(59.5)	123(40.5)	0.29(0.210-0.415)	<0.001*

behavior	No	364(83.3)	73(16.7)	Reference
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\*(p<0.25) indicates variables which were associated with AUDs on bivariate logistic regression model.

## 5.6. Factors independently associated with AUDs in multivariate logistic regression analysis

After controlling for the effect of confounding variables using multivariate logistic regression analysis, being male, being in a relationship, being married/separated/divorced, having history of mental illness, having history of suicidal attempt, having close friend who drink alcohol, and having mental distress were found to be independent predictors of alcohol use disorders.

On multiple logistic regression model there was no significant association between level of social support and risky sexual behavior with AUDs.

The odds of having AUDs among male participants was more than two times higher than that of female participants (AOR= 2.27, 95%CI=0.37, 3.76). Study participants who were in relationship had nearly two fold increased odds of AUDs when compared to single (never married) participants (AOR= 1.98, 95%CI= 1.21, 3.22). Married/separated/divorced participants had three times higher odds of AUDs than single (never married) participants (AOR= 2.88, (95%CI= 1.17, 7.09). Odds of AUDs was about nine times higher among study participant who had alcohol drinking related abscentism than those who had no abscentism due to drinking alcohol (AOR=8.82, 95%CI= 3.65, 21.30). Study participants with history of mental illness had about two time increased odds of AUDs than those who had no history of mental illness (AOR=1.98, 95%CI=1.04-3.75). Participants who reported to have history of suicidal attempt found to have more than three times increased odds of AUD (AOR=3.63, 95%CI=1.18,11.11). A five times higher odds of AUDs was found among study participants with history of smoking cigarettes than their counterparts (AOR=5.04, 95%CI=2.02, 12.57). Having close friend with habit drinking alcohol was found to increase the odds of AUDs by more than two time (AOR=2.72, 95%CI=1.76, 4.19). Students with mental distress had about three times higher odds of AUDs than their counterparts (AOR= 2.81, 95%CI=1.83, 4.32) (see table 6)

Table 6: Multivariate logistic regression of factors independently associated with AUDs among, Jimma University main campus students, May, 2016(n= 741)

Characteristics		COR (CI-95%)	AOR (CI=95%)	P value
Sex	Male	<b>2.47(1.71-3.58)*</b>	<b>2.27(1.37-3.76)</b>	<b>0.001*</b>
	Female	Reference		
Marital status	Single	Reference		
	In R/S	<b>2.63(1.81-3.80)</b>	<b>1.98(1.21-3.22)</b>	<b>0.006*</b>
	Married/ Divorced	<b>3.62(1.77-7.39)</b>	<b>2.88(1.17-7.09)</b>	<b>0.021*</b>
Religion	Orthodox	Reference		
	Islam	<b>0.39(0.23-0.67)*</b>	<b>0.33(0.161-0.68)</b>	<b>0.002**</b>
	Protestant	0.52(0.34-0.81)*	0.91(0.52-1.61)	0.748
	Catholic	1.21(0.56-2.59)	0.72(0.19-2.76)	0.635
	Other	2.74(0.72-10.37)*	1.03(0.16-6.69)	0.979
History of mental illness	Yes	<b>2.80(1.71-4.59)</b>	<b>1.98(1.04-3.75)</b>	<b>0.038*</b>
	No	Reference		
History of SA	Yes	<b>5.05(2.42-10.53)</b>	<b>3.63(1.18-11.11)</b>	<b>0.024*</b>
	No	Reference		
close friend who drinks alcohol	Yes	<b>4.39 (3.11-6.20)</b>	<b>2.72(1.76-4.19)</b>	<b>&lt;0.001**</b>
	No	Reference		
Mental distress	Yes	<b>3.36(2.39-4.72)*</b>	<b>2.81(1.83-4.32)</b>	<b>&lt;0.001**</b>
	No	Reference		

R/S=Relationship

\*(p<0.05), \*\* (P<0.001) Variables which were independently associated with AUDs in the multivariate analysis



## **Chapter six: Discussion**

In this institution based cross-sectional study the life time prevalence of alcohol drinking was 38.8% which is similar with a study done on same study population in Bishoftu (40.2%) (40), Axum University (34.5%) (41) and Debra Markos (35%) (8). However the life time prevalence of AUDS found in our study was lower than the result of similar studies done in Gondar (48.23%) (28) and Eldoret, western Kenya (51.9%) (43). But this result is higher than the result of similar study result from Alcohol drinking patterns among high school students in Ethiopia (22.2%) (44). this difference may be due to the variation in study population by which high school students could have different characteristics in terms of their living condition (their close contact with families) and are also less free to experiment on drinking alcohol. As far as the difference with results from studies of other countries, the difference in policies on alcohol and varied cultural affiliation to alcohol may also play the role.

The prevalence of alcohol use disorders found in our study (26.5%) was higher than the result of similar study on similar study population in Nigeria (4.3%) (25). this difference may be due to difference of tools used (AUDIT Vs. mini international neuropsychiatric interview (MINI)), the MINI tool is based on the DSM-IV-TR diagnostic criteria for alcohol abuse and alcohol dependence which can't screen for hazardous and harmful drinking as AUDIT does. However; the prevalence of AUDs showed in the current research was slightly lower than prevalence of alcohol use disorder found in US college students (31%) (20). this difference may be due to the use of different tools (AUDIT Vs DSM-IV diagnostic criteria of alcohol abuse and dependence) and difference in study populations. The prevalence of AUDs was also lower than that of similar study on similar study population (i.e. same tool with same cut off point) in South Africa (50%) (45). Here the difference may be due variations between countries in the real prevalence of alcohol-related disorders, and some of the contrasting cultural perspective of alcohol consumption. The prevalence of AUDs in our study was also lower than a study done on same study population in Ireland (39). The possible reason for this difference could be the use of different cut off point on AUDIT scores ( $\geq 8$  vs.  $> 5/6$ ). Lower cut off point on the AUDIT scale increases the estimate of AUDs. The previous study done among people living with HIV/AIDS in Jimma University specialized hospital (34), reported higher prevalence of AUDs (32.6%) than on the current study which may be due to the difference in characteristics of study populations by which people living with HIV/AIDS have difference life circumstances related to their ill health

and the psychosocial stressors leading them to drink alcohol as coping mechanism. The community based study done in Butajira (46) showed lower estimate of AUDs (3.7%) than ours. Even though the former study was conducted on a study population with higher proportion of participants being in the 25-44 age groups, the prevalence of AUDs is expected to be lower than that of institution based studies. The variation in the use of screening tools (AUDIT Vs CAGE (which is a tool designed to identify severe alcohol dependence, not hazardous and harmful drinking) and Michigan Alcoholism Screening Test (MAST)), may be another factor that resulted in different result between our study and the one done in Butajira.

The current research found that being male was associated with AUDs. This study confirms researches done on similar study population in Nigeria (25) and South Africa (45). This could be due to the fact that females are culturally more restricted than males. At the other extreme, as surveys in other countries found that men are more than twice as likely as women to have alcohol use disorders and men are much more likely than women to report diagnosable alcohol abuse, either currently or as a lifetime experience (53). Among 374 students who reported to take alcohol, one hundred and one (35.2%) and seventy five (20.1%) claimed to drink alcohol because of peer pressure and to relieve from tension respectively. This was comparable finding with a research done in Haramaya university on assessment of substance use and risk sexual behaviors on similar study populations (48). Students who missed class due to had nearly nine times higher odds of AUDs than their counterparts. This is in line with the golden standard for diagnosis of alcohol use disorders that people with AUDs spend a lot of time drinking alcohol, want to drink and couldn't think of anything else and cause school problems (55).

In line with other studies done in Gondar (28) and Nigeria (25) on similar study population our research revealed strong association between presence of close friends with alcohol drinking habit and alcohol use disorders among university students. This might be due to the research evidences that students peer norms are the strongest influence on students' personal drinking behavior, with the more socially integrated students typically drinking most heavily (52). Similar to a previous study done among people living with HIV/AIDS, Jimma University specialized hospital (34) as found in our study the current study result revealed that students with mental distress had higher odds of AUDs than those with no(lower) mental distress (AOR=

2.36, 95%CI=1.515, 3.677). This could be due to the fact that they use alcohol as self treatment in order to feel good.

### **Strength and limitations of the study**

- ◆ The study employed standardized and internationally well recognized tools to screen alcohol use disorders (AUDIT), level of mental distress (K-6) and social support(OSS-3)

However; this study was not free of limitations. Here under are the limitations:

- ◆ The study did not assess co morbidity of mental illnesses and AUDs warranting further study to explore which comes first.
- ◆ The prevalence of alcohol use disorders might be under estimated because of the tendency of alcohol and other substance users to deny or minimize the amount and frequency of their alcohol or other substances they use even though attempt was made to get genuine response by explaining to participants that any kind of their response will remain confidential
- ◆ The prevalence of alcohol use disorders might be under estimated as students who had severe illness and excluded from the study might have AUDs.
- ◆ Even though the tool used to screen AUDs was validated in other countries on University students, it was not done on this particular research for the study population
- ◆ As far as the current research was a cross-sectional descriptive study, students with AUDs and other psychiatric disorders were not accessed except providing them a contact addresses (i.e. phone numbers) on the questionnaire if they were in need our any help.

## **Chapter seven: Conclusion and Recommendation**

This study result demonstrated a high prevalence of AUDs among undergraduate students in Jimma University. Sex, marital status, abscentism due to drinking alcohol, having history of suicidal attempt, having history of mental illness, having a close friend with alcohol drinking behavior, khat use, smoking cigarettes and mental distress were found to be predictors of alcohol use disorders.

## **Chapter 8: Recommendation**

Based on the finding of the study the following recommendations are made to the concerned bodies.

Working on improving practice of detailed assessment on alcohol use disorders for all students who visit psychiatric clinic due to any mental health related issues and providing managed care by incorporating psychologists, psychiatric clinicians and other disciplines as needed is recommended to Jimma university specialized hospital psychiatry department. Establishment of anti-alcohol club in the University, involving students on the fight against alcohol use disorders and inviting at least club member students on national and international mental health conferences is recommended to Jimma university mental health department. Increasing awareness of students regarding harmful effects of alcohol by using posters around classes, dormitories and other areas in the compound where students could easily visualize as it was done for other issues like environmental sanitation is recommended for Jimma University. Further study is also recommended to be done on co morbidities of alcohol use disorders and mental illness among students by incorporating other Universities of the country.

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# **ANNEX: DATA COLLECTION INSTRUMENTS**

## **1: QUESTIONNAIRE IN ENGLISH**

### **JIMMA UNIVERSITY COLLEGE OF HEALTH SCIENCES**

#### **DEPARTMENT OF PSYCHIATRY**

**Questionnaire prepared to assess alcohol use disorders among students in, Jimma University, main campus students, Jimma town, southwest Ethiopia, 2015.**

#### **Part 1: Consent Form**

Hello Dear/Madam! My name is \_\_\_\_\_. I am a supervisor for the research to be conducted by Daniel Alemu, a post graduate student in integrated community and Clinical mental health, Jimma University College of health sciences. The title of his research is Alcohol use disorders and associated factors among Jimma University students. The aim of this study is to assess the prevalence of alcohol use disorders and associated factors among students of Jimma University. Your truthful participation in filling these questionnaires will give us reliable result and show us your real status and help us to make intervention; hence we request you to participate honestly.

Your involvement in filling the prepared questionnaires and every aspect of the study are completely voluntary. You may pass over any question that you prefer not to answer but we would appreciate your cooperation. You can ask clarifications for any of the questions that you are not clear with.

Finally, all the information that you provide for the study is kept completely confidential. And you will not be asked to disclose your personal information like name, phone no. Your responses to our questions are identified only by number, never by name.

Do you agree to participate in this study?

1. Yes

2.No

Thank you for your participation

Name of supervisor \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

**Part 2: Questionnaire to assess Scio-demographic and economic characteristics**

1. Age: .....year
2. Sex: 1. Male 2. Female
3. Year of study: 1. 1<sup>st</sup> year 2. 2<sup>nd</sup> year 3. 3<sup>rd</sup> year  
4. 4<sup>th</sup> year 5. 5<sup>th</sup> year 6. 6<sup>th</sup> year
4. What is your field of study (department)? \_\_\_\_\_
5. Marital status: 1. Single 2. Engaged 3. Married  
4. Separated 5. Divorced 6. widowed
6. Where are you living currently? 1. in dormitory 2. Outside of campus
7. Living condition before campus? 1. With parents 2. Alone 3. with friends 4. Other (specify).....
8. Ethnicity: 1. Oromo 2. Amhara 3. Gurage  
4. Tigre 5. Other (specify).....
9. Religion: 1. Orthodox 2. Islam 3. Protestant  
4. Catholic 5. Other (specify).....
10. Frequency of attending a place of worship: 1. Daily 2. 2-3 times a week 3. Weekly  
4. Less than weekly.
11. Average monthly pocket money (birr).....
12. Father alive? 1. Yes 2. No ( your age when he dies)
13. Mother alive? 1. Yes 2. No ( your age when she dies)
14. Father’s educational status: 1. Illiterate 2. Primary school 3. Secondary (High school)  
4. Tertiary (College or Post graduate)
15. Father’s occupation: 1. Self employed 2. Government employee 3. Retired  
4. Other (specify) .....
16. Mother’s educational status: 1. Illiterate 2. Primary school 3. High school  
4. College graduate 5. Post graduate 6. Other (specify).....
17. Mother’s occupation: 1. Self employed 2. Government employee  
3. Retired 4. Other (specify) .....

18. With whom were you living before your admission to campus?

1. With families                      2. Alone              3. With friends  
4. Other (specify).....

**Part 3: Educational performance**

19. What is your cumulative GPA? \_\_\_\_\_

20. Was there any time you missed class because of drinking alcohol? 1. Yes      2. No

21. If “yes” how many times did you miss class in the last semester? \_\_\_\_\_

**Part 4: mental health and substance use**

22. Do you have History of mental illness? 1. Yes              2. No

23. Do you have family history of mental illness? 1. Yes              2. No

24. Do you have history of prior suicidal thoughts? 1. Yes              2. No

25. Do you have history of prior suicidal attempts? 1. Yes              2. No

26. Do you have of suicidal thoughts currently? 1. Yes              2. No

27. Does your father or mother drink alcohol? 1. Yes              2. No

28. Do you have Family history of cigarette smoking? 1. Yes              2. No

29. Do you have close family member who chews khat? 1. Yes              2. No

30. Do you have close friend(s) who chew khat? 1. Yes              2. No

31. Do you have close friend(s) who drink alcohol? 1. Yes              2. No

32. How often do you use khat? 1. Never    2. Weekly    3. 1-3 days per month  
4. 1-3 days per week

33. Do you smoke cigarette? 1. Yes              2. No

34. Do you use substances like cannabis, shisha ...? 1. Yes              2. No

35. Do you have physical health problem? 1. Yes              2. No

36. If your answer for the above question is ‘yes’ which problem you do have? 1.

Hypertension                                      2. Diabetes mellitus                                      3. Gastritis

4. Other (specify) \_\_\_\_\_

### **Part 5: possible reasons for drinking alcohol**

37. What is (are) possible reasons for drinking alcohol? You can have more than one choice

1. Availability alcohol
2. To socialize
3. Peer pressure
4. To play role model
5. To get relief from tension
6. Dissatisfaction on academic issues
7. Other (specify)\_\_\_\_\_

### **Part 6: Other factors**

38. Do you have prior history of being sexually/physically victim by other(s) who drank alcohol? 1. Yes      2. No

39. Do you have prior history of being physically/physically perpetrator on other(s) after drinking alcohol? 1. Yes      2. No

**Part 7: ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)**

COD E No.	Questions	Response and category
AL1	How often do you have a drink containing alcohol like Beer, Araki, Tej, and Tella...? (If never is the answer, even you do not drink at all Tella on holidays?)	0.Never--* skip to Q 16 and 18 1. Monthly or less 2. 2-4 times a month 3. 2-3 times a week 4. 4 or more times a week
AL2	What type of alcoholic beverages do you prefer?	1. Beer 2. Wine 3. Draft 4. Araki 5. Tej 6. Tella 7. Others(specify)_____
AL3	Amount of alcohol used in number	1. Beer(Bottle)----- 2. Wine:- a. Glass----- b. Bottle----- 3. Draft(Glass)----- 4. Araki:- a. Melekia----- b. Bush----- 5. Tej:- a. Birile----- b. Bottle----- 6. Tella(Tassa,birciko)----- ---- 7. Others-----

AL4	How much is your maximum intake alcohol at a time?	<ol style="list-style-type: none"> <li>1. Beer(Bottle)-----</li> <li>2. Wine(Glass, Bottle)-----</li> <li>3. Draft(Glass)-----</li> <li>4. Araki(Melekia, Bush)-----</li> <li>5. Tej(Birile, Bottle)-----</li> <li>6. Tella(Tassa,birciko)-----</li> <li>7. Others(specify)-----</li> </ol>
AL5	How often do you drink this much amount of alcohol?	<ol style="list-style-type: none"> <li>1. Monthly or less</li> <li>2. 2-4 times a month</li> <li>3. 2-3 times a week</li> <li>4. 4 or more times a week</li> </ol>
AL6	During the past year, have you found that you were not able to stop Drinking once you had started?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Never</li> </ol>
AL7	If yes to the above question, how often?	<ol style="list-style-type: none"> <li>1. Less than monthly</li> <li>2. Monthly</li> <li>3. Weekly</li> <li>4. Daily or almost daily</li> </ol>
AL8	During the past year, have you failed to do what was normally expected of you because of drinking?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Never</li> </ol>
AL9	If yes to the above question, how often?	<ol style="list-style-type: none"> <li>1. Less than monthly</li> <li>2. Monthly</li> <li>3. Weekly</li> <li>4. Daily or almost daily</li> </ol>
AL10	During the past year, have you needed a drink in the morning to get Yourself going after a heavy drinking session?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Never</li> </ol>



AL11	If yes to the above question, how often?	<ol style="list-style-type: none"> <li>1. Less than monthly</li> <li>2. Monthly</li> <li>3. Weekly</li> <li>4. Daily or almost daily</li> </ol>
AL12	During the past year, have you had a feeling of guilt or remorse after drinking?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Never</li> </ol>
AL13	If yes to the above question, how often?	<ol style="list-style-type: none"> <li>1. Less than monthly</li> <li>2. Monthly</li> <li>3. Weekly</li> <li>4. Daily or almost daily</li> </ol>
AL14	During the past year, have you been un able to remember what happened the night before because you had been drinking?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Never</li> </ol>
AL15	If yes to the above question, how often?	<ol style="list-style-type: none"> <li>1. Less than monthly</li> <li>2. Monthly</li> <li>3. Weekly</li> <li>4. Daily or almost daily</li> </ol>
AL16	Have you or someone else been injured as a result of your drinking?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
AL17	If yes to the above question, when?	<ol style="list-style-type: none"> <li>2. But not in the last year</li> <li>4. During the last year</li> </ol>
AL18	Has a relative or friend, doctor or other health worker been concerned about your Drinking or suggested you cut down?	<ol style="list-style-type: none"> <li>1. Yes,</li> <li>2. No</li> </ol>
AL19	If yes to the above question, when?	<ol style="list-style-type: none"> <li>2. But not in the last year</li> <li>4. During the last year</li> </ol>

**Part 8: K-6 SELF-REPORT MEASURE**

The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

CO DE No.	Questions	All of the time	Most of the time	Some of the time	A little of the time	None of the time
K1	During the past 30 days, about how often did you feel nervous?	4	3	2	1	0
K2	During the past 30 days, about how often did you feel hopeless?	4	3	2	1	0
K3	During the past 30 days, about how often did you feel restless or fidgety?	4	3	2	1	0
K4	During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?	4	3	2	1	0
K5	During the past 30 days, about how often did you feel that everything was an effort?	4	3	2	1	0
K6	During the past 30 days, about how often did you feel worthless?	4	3	2	1	0

**Part 9: The Oslo 3 items Social Support scale.**

Instruction: this part of the questionnaire contains 3 questions regarding your experience of social support and related issues.

<b>SS1.</b>	<p>How many people are so close to you that you can count on them if you have serious problem (choose one option?)</p> <ol style="list-style-type: none"> <li>1. None</li> <li>2. 1 or 2</li> <li>3. 3-5</li> <li>4. More than 5</li> </ol>
<b>SS2.</b>	<p>How much concern do people show in what you are doing (choose one option)?</p> <ol style="list-style-type: none"> <li>5. A lot of concern and interest</li> <li>4. some concern and interest</li> <li>3. uncertain</li> <li>2. little concern and interest</li> <li>1. no concern and interest</li> </ol>
<b>SS3.</b>	<p>How easy is it to get practical help from neighbors if you should need? (Choose one option)</p> <ol style="list-style-type: none"> <li>5.very easy</li> <li>4. easy</li> <li>3. possible</li> <li>2. difficult</li> <li>1. Very difficult</li> </ol>

**PART-10: Questionnaire regarding sexual behaviors.**

**Instruction:** please read each questions carefully and circle the number with the correct answer. Thank you.

CODE. No.	Question	1. Yes	2.No
SX1	Do you have history of sexual contact?	1	2
SX2	It yes, how old you were when you encounter your first sexual intercourse? _____		
SX3	In the last 3 months did you have sexual intercourse without using condom even at least once?	1	2
SX4	In the last 3 months did you have did you have two or more sexual partners?	1	2
SX5	In the last 3 months did you have had sexual contact with commercial sex workers?	1	2

Notice: if you are in need of our help regarding your alcohol drinking and mental health status, here under is our address:

Phone number: **0910111243**



**ክፍል 2: የግልጌቤተሰብ እና ማህበራዊ መጠይቅ**

- 1. እድሜ-----
- 2. ስታ:      1. ወንድ                      2. ሴት
- 3. የትምህርት ዘመን

- 1. አንደኛዓመት
- 2. ሁለተኛዓመት
- 3. ሶስተኛዓመት
- 4. ዐራተኛዓመት
- 5. አምስተኛዓመት
- 6. ስድስተኛዓመት
- 5. የትምህርት ዘርፍ (ዲፓርትመንት)-----

የትዳር ሁኔታ:

- 1. ያላገባ (ች)
- 2. በጉዋደኝነት ላይ ያለ (ች)
- 3. ያገባ (ች)
- 4. ይተለያየ (ች)
- 5. የፈታ (ች)
- 6. የሞተበት (ባት)

- 6. ትምህርት ላይ ሆነው የመኖሪያ ቦታ
  - 1. ዶርም
  - 2. ከካምፓስ ወይም ከራሱ ይተው
  - 3. ከቤተሰብ ጋር
  - 4. ሌላ (ይጥቀሱ)
- 7. ካምፓስ ከመግባት ያለፈ ትምህርት ይኖሩ ነበር
  - 1. ከቤተሰብ ጋር
  - 2. ለብቻ
  - 3. ከጉዋደኞች ጋር
  - 4. ሌላ (ይጥቀሱ)-----

- 8. ብሄር:
  - 1. ኦሮሞ
  - 2. አማራ
  - 3. ጉራጌ
  - 4. ቲግሬ
  - 5. ሌላ (ይጥቀሱ)-----

- 9. ሀይማኖት
  - 1. ኦርቶዶክስ
  - 2. እስላም
  - 3. ፕሮቴስታንት

- 4. ካቶሊክ
- 5. ሌላ (ይጥቀሱ)-----

10. በየስንት-ጊዜ ወደ እምነት ቦታዎቻቸው ይሄዳሉ?

- 1. በየቀኑ
- 2. በሳምንት አንድ ጊዜ
- 3. ከሳምንት በላይ አንድ ጊዜ
- 4. አልሄድም

11. በአማካይ በወር የሚያገኙት የገንዘብ መጠን (የሚላኩት) \_\_\_\_\_

12. በአማካይ የቤተሰብ ወር ሃዋዊ የገንዘብ ጠገብ መጠን \_\_\_\_\_

13. ወላጅ እናት ዎቻቸው ይወትላሉ

- 1. አዎ
- 2. የሉም (እናት ዎሲ ሞቱ የርሶ እድሜ ስንት ነበር)

14. የእናት ዎ የትምህርት ደረጃ፡

ያልተማረች

የመጀመሪያ ደረጃ ትምህርት ያጠናቀቀች

የመሰናዶ ትምህርት ያጠናቀቀች

የኮሌጅ እና ከዚያ በላይ

የእናት ዎ የስራ ሁኔታ፡

የግል ስራ የምትሰሩ

የመንግስት ስራ ተኛ

ጡረታ የወጣች

ሌላ (ጥቀስ) -----

ወላጅ አባት ዎቻቸው ይወትላሉ

አዎ

የሉም (አባት ዎሲ ሞቱ የርሶ እድሜ ስንት ነበር)

የአባት ዎ የትምህርት ደረጃ፡

ያልተማረ

የመጀመሪያ ደረጃ ትምህርት ያጠናቀቀ

የመሰናዶ ትምህርት ያጠናቀቀ

የኮሌጅ እና ከዚያ በላይ



የአባትዎ የስራ ሁኔታ፡

የግል ስራ የሚሰሩ

የመንግሥት ስራ ተኛ

ጠረታ የወጣ

ሌላ (ጥቅስ) -----

ክፍል 3: የትህርት ውጤት ከመጠይቆች

አማካይ ውጤት ( ነጥብ) \_\_\_\_\_

መጠጥበ መጠጣት ያስከፍላል ቀርተው ያውቃሉ?      1. አዎ      2. የለም

መልስዎ አዎ ከሆነ ላልፈው ሴሚናር (ወሰነት ምህርት) ብቻ በዚህ ምክንያት ስንት ቀን ቀርተዋል? -----

ክፍል 4: የዕድምድ ጤና እጅ ከመጠይቆች

የአእምሮ ህመም አጋጥሞዎት ያውቃሉ?

አዎ                      II. የለም

ከቤተሰብ ወይም የአእምሮ ታማሚ አለ ?

አዎ                      II. የለም

እራስዎን ለማጥፋት አስብው ያውቃሉ?

አዎ                      II. አላውቅም

እራስዎትን ለማጥፋት አስበው ሙከራ አድርገው ያውቃሉ?

አዎ II. አላውቅም

እራስዎትን ለማጥፋት ፍላጎት አለዎት?

አዎ II. የለኝም

አባትዎ ወይም እናትዎ አልኮል ይጠጣሉ ?

አዎ II. የለም

ከቤተሰብዎ ሲጋራ የሚያጤስ አለ ?

አዎ II. የለም

ከቤተሰብዎ ጫት የሚቅም አለ ?

አዎ II. የለም

ጫት የሚቅም የቅርብ ጋ ደኛ አለዎት ?

አዎ II. የለም

አልኮል የሚጠጣ የቅርብ ጋ ደኛ አለዎት ?

አዎ II. የለም

እርሶ በየሰንት ጊዜ ጫት ይቅማቀሉ?

አልቅምም

በየሳምንቱ

ከ1-3 ቀን በወር

ከ1-3 ቀን በሳምንት

በየቀኑ

ሺሻ፣ ካናቢስ፣ ጋንጃ ... ተጠቅመው ያውቃሉ?

አዎ II. የለም

ሲጋራ ያጤሳሉ?

አዎ II. የለም

አካላዊ የጤናችን ግርዛድ (ለምሳሌ፣ የልብ ህመም፣ ስኩዋር ...)?

አዎ II. የለም

መልሶ አዎከሆነንም አይነት ? 1. ደም ግፊት 2. ስኩዋር በሽታ 3. ጨጃ ዋራ ህመም 4. ሌላ (ጥቀስ) \_\_\_\_\_

ክፍል 5: ምክንያቶች (አልኮል ለመጠጣት)

ቀጥሎ ከተዘረዘሩት ውስጥ አልኮል ለመጠጣት ምክንያት ዎቹ ነው ? ከአንድ በላይ መምረጥ ይችላሉ

1. በቀላሉ ስለሚገኝ
2. ማህበራዊ ግንኙነትን ለማጠናከር
3. የጉዋደኛ ተፅእኖ
4. የማደንቀውን ሰው አረክያለሁ ከተል
5. ከውጥረት ለመላቀቅ
6. በትምህርት ውጤት ላይ ደስተኛ ስላለሁ
7. ሌላ (ጥቀስ) \_\_\_\_\_

ክፍል 6: ሌሎች ተዛማጅ ሁኔታዎች

አልኮል በጠጣሰው አካላዊ ወይም ወሲባዊ ጥቃት ድርሰት ያውቃል ?

አዎ II. የለም

አልኮል ጠጥተው በሌላ ሰው ላይ አካላዊ ወይም ወሲባዊ ጥቃት ድርሰት ያውቃል ?

አዎ II. የለም

ክፍል 7: የአልኮል ጠጥተው ሆኑ የጤና እክሎችን መሰረት የደረጉ መጠይቆች

መመሪያ: ቀጥለው ያሉት የአልኮል ጠጥተው ሆኑ የጤና እክሎችን መሰረት የደረጉ መጠይቆች ናቸው። እባክዎትን ሁሉንም ጥያቄዎች በጥንቃቄ በማንበብ ትክክለኛውን መልስ የያዘውን ቁጥር ላይ ያክብቡ። እና መሰግናለን።

ኮድ.ቁ.	ጥያቄ	መልስ
AL1	<p>እንደቢራ፣ ወይን፣ ጠላ፣ ጠጅ፣ አረቄ የመሳሰሉትን አልኮል ነጥሮችን የላቸው መጠጦች በየሰንት ጊዜው ይጠጣሉ፤</p> <p>(ቢያንስ በአመት በአል ጊዜ እንኳን ጠላ አይጠጡም?)</p>	<p>0. በፍጹም አልጠጣም ( ከፍል 8 ይህዱ)</p> <p>በየወሩ ወይም ከዚያ በታች</p> <p>በወርከ 2-4 ጊዜ</p> <p>በሳምንት ከ 2-3 ጊዜ</p> <p>በሳምንት 4 ጊዜ እና ከዚያ በላይ</p>
AL2	<p>ምን ዓይነት መጠጥይ መርጣሉ?</p>	<p>ቢራ</p> <p>ወይን</p> <p>ድራፍት</p> <p>አረቄ</p> <p>ጠጅ</p> <p>ጠላ</p>
AL3	<p>በሚጠጡበት ጊዜ በቀን በአማካይ ምን ያህል ይጠጣሉ?</p>	<p>ቢራ.....ጠርመሱ</p> <p>ወይን (ትንሹ/ትልቁ ጠርመሱ) -----</p> <p>ድራፍት (ሲንግል/ጃምቦ) -----</p> <p>አረቄ (መለኪያ/ቡሽ) -----</p> <p>ጠጅ (ብርሌ/ጠርመሱ) -----</p> <p>ጠላ (ጣሳ/ብርጭቆ) -----</p> <p>ሌላ -----</p>
AL4	<p>በአንድ ጊዜ በቻል በጠጠውበት አጋጣሚ ምን ያህል ጠጥተው ያውቃሉ /ይጠጣሉ ?</p>	<p>ቢራ (ጠርመሱ) -----</p> <p>ወይን (ትንሹ/ትልቁ ጠርመሱ) -----</p> <p>ድራፍት (ሲንግል/ጃምቦ) -----</p> <p>አረቄ (መለኪያ/ቡሽ) -----</p> <p>ጠጅ (ብርሌ/ጠርመሱ) -----</p> <p>ጠላ (ጣሳ/ብርጭቆ) -----</p>

		ሌላ-----
AL5	ይህን ያህል መጠን ያለው መጠጥቢያ በየሰንት ጊዜ ወይም ጣሉ ?	ከአንድ ወር በታች በየወሩ በየሳምንቱ በየቀኑ/ብዙ ጊዜ
AL6	ባለፈው አመት ውስጥ መጠጣት ለማቆም ወስነው ሳይሳካ ልዎት የቀረጊ ዜአለ?	አዎ በፍጹም
AL7	ካለበት ሰንት ጊዜ ወይም ጣሉ?	ከአንድ ወር በታች በየወሩ በየሳምንቱ በየቀኑ/ ብዙ ጊዜ
AL8	ባለፈው አመት ውስጥ መጠጣት ያልቆመ ከንድፍ ስራ ትየሚገባዎት ነስ ራሳይሰሩ የቀሩ በት ጊዜ አለ?	አዎ በፍጹም
AL9	ካለበት ሰንት ጊዜ ወይም ጣሉ?	ከአንድ ወር በታች በየወሩ በየሳምንቱ በየቀኑ/ብዙ ጊዜ
AL10	ባለፈው አመት ውስጥ ማታብዙ ጠጥተው በማግስቱ የአለት ተአለት ስራ	አዎ በፍጹም

	ዎትን በንቃት ለማካሄድ በጠዋት መጠጣት አስፈላጊ ዎት ያወቃል?	
AL11	ካለበ የስንት ጊዜ ወያጋ ጥምዎታል?	ከአንድ ወር በታች በየወሩ በየሳምንቱ በየቀኑ/ብዙ ጊዜ
AL12	ባለፈው አመት ውስጥ በመጠጣት ዎምክን ያት የመፀፀት ናራ ስምን የመው ቀስ ስሜት ተሰምቶ ዎት ያወቃል?	አዎ በፍጹም
AL13	ካለበ የስንት ጊዜ ወያጋ ጥምዎታል?	ከአንድ ወር በታች በየወሩ በየሳምንቱ በየቀኑ/ብዙ ጊዜ
AL14	ባለፈው አንድ አመት ጊዜ በመጠጣት ዎምክን ያት በእለቱ የተፈጠረውን ማስታወስ ተስኖ ዎት ያወቃል?	አዎ በፍጹም
AL15	ካለበ የስንት ጊዜ ወአንድ ደብዳቤ ላይ ነት ነገር ያጋ ጥምዎታል?	ከአንድ ወር በታች በየወሩ በየሳምንቱ በየቀኑ/ብዙ ጊዜ
AL16	እርስዎ በመጠጣት ዎምክን ያት ራስዎ ወይም ሌላ ሰው ጉዳት ደርሶ ያወቃል?	አያውቅም አዎ
AL17	መልሶ ዎት አዎ ከሆነ መቼ?	2. ከአንድ አመት በፊት 4. በአንድ አመት ውስጥ
AL18	ጓደኛ፣ ዘመድ ወይም ህኪም ስለ እርስዎ መጠጣት አሳስቦት ወይም መጠ	አያውቅም አዎ

	ጣትአንዲያቆሙመከሮዎትያውቃል?	
AL19	መልሶዎትአዎከሆነመቼ?	2. ከአንድ አመትበፊት 4. በአንድ አመትወስጥ

ክፍል8:ስነ-ልቦናንበተመለከተ (K6)

መመሪያ:ከዚህበታችያሉት6መጠይቆችላለፉት 30 ቀናት ውስጥ ስለነበርዎት ስሜትን በተመለከተ ይሆናል:: እባክዎን እያንዳንዱን ጥያቄ በጥንቃቄ በማንበብ የእርሶን ስሜት ይገልጻል የሚሉትን ቁጥሮች ያክብቡ:: እናመሰግናለን::

ኮድ.ቁ	ጥያቄ	ሁልጊዜ	አብዛኛውንጊዜ	አንዳንድጊዜ	ጥቂትጊዜ	ምንምጊዜ
K1	ባለፉት 30 ቀናት ምን ያህል ጊዜ የመረበሽ ስሜት ተሰምቶዎት ያውቃል	4	3	2	1	0
K2	ባለፉት 30 ቀናት ምን ያህል ጊዜ ተስፋ የመቁረጥ ስሜት ተሰምቶዎትያውቃል	4	3	2	1	0
K3	ባለፉት 30 ቀናት ምን ያህል ጊዜ አለመረጋጋት ወይም መቁልጥነጥ ስሜት ተሰምቶዎት ያውቃል	4	3	2	1	0
K4	ባለፉት 30 ቀናት ምን ያህል ጊዜ ምንም ነገር ሊያስደስቶት እስከማይችል ድረስ ከፍተኛ የድብርት (የድባቴ) ስሜትስሜትተሰምቶዎትያውቃል	4	3	2	1	0
K5	ባለፉት 30 ቀናት ምን ያህል ጊዜ ሁሉም ነገር ለማድረግ ሙሉ ሀይሎትን የሚጠይቅ ይመስሎዎታል	4	3	2	1	0
K6	ባለፉት 30 ቀናትምንያህልጊዜፋይዳቢስነት (ጥቅምአልባነት) ስሜትተሰምቶዎትያውቃል	4	3	2	1	0

ክፍል 9: አስሎ-3 የማህበራዊድጋፍመጠይቅ

መመሪያ:ይህመጠይቅ 3

ክፍሎችያሉትሲሆንከማህበረሰብዎአናከቤተሰብዎየሚያገኙትንድጋፍናተዛማጅጉዳዮችንይዳስሳል.ከተጠቀሱትአማራጮችውስጥእርስዎንየሚገልፀውንመልስላይያክብቡ::

<p>SS1.</p>	<p>በጣም የሚቀርቡት እና በከባድ የግል ችግር ጊዜ የሚደርሱ ሎት ሰዎች ስንት ይሆናሉ (አንድ አማራጭ ብቻ ይጠቀሙ)</p> <p>የሉም</p> <p>1 ወይም 2</p> <p>3-5</p> <p>ከ 5 በላይ</p>
<p>SS2.</p>	<p>በሚያደርጉት ጉዳይ ላይ ሰዎች ምን ያህል ትኩረት እና ፍላጎት ያሳያሉ (አንድ አማራጭ ብቻ ይጠቀሙ)</p> <ol style="list-style-type: none"> <li>5. በጣም በዙፍ ላይ ትኩረት</li> <li>4. መጠነኛ ፍላጎት እና ትኩረት</li> <li>3. አላውቅም</li> <li>2. ትንሽ ፍላጎት እና ትኩረት</li> <li>1. ምንም ፍላጎት እና ትኩረት</li> </ol>



SS3.	<p>እርዳታ የግድ በሚያስፈልግ ወቅት ለሥራ ላይ ለመመዘን እርዳታ ለማግኘት ምን ያህል ቀላል ነው (አንድ አማራጭ ብቻ ይጠቀሙ)</p> <p>5. በጣም ቀላል ነው</p> <p>4. ቀላል ነው</p> <p>3. ይቻላል</p> <p>2. አስቸጋሪ ነው</p> <p>1. በጣም አስቸጋሪ ነው</p>
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ክፍል 10: የታዊ ግንኙነትን በተምከተ

መመሪያ: ቀጥለው ያሉት መጠይቆች የታዊ ግንኙነትን በተምከቱ ናቸው:: እባክዎትን ጥያቄዎችን በጥንቃቄ በማንበብ ትክክለኛውን መልስ የያዘው ቁጥር ያክብቡ:: እናመሰግናለን::

ተ.ቁ.	ጥያቄ	1. አዎ	2. የለም
SX1	የግብረሰጋ ግንኙነት ፈፅሎ የውቃሉ ?	1	2
SX2	መልሶ አዎከሆነ መጀመሪያ የግብረሰጋ ግንኙነት ሲፈፀም እድሜዎስን ትነበር?-----		
SX3	ባለፉት ሶስት ወራት ውስጥ ከንድም ሳይጠቀሙ የግብረሰጋ ግንኙነት ፈፅሎ የውቃሉ?	1	2

SX4	ባለፉት ሶስት ወራት ውስጥ ሁለት እና ከዚያ በላይ የወሲብ ሃ ደኞች አሉት (ነበርዎት) ?	1	2
SX5	ባለፉት ሶስት ወራት ውስጥ ከሴተኛ አዳሪ ሴት ጋር የግብረሰብ ጋጣን ጉንጉት ፈፀመው ያውቃሉ ?	1	2

ማሳሰቢያ: ያልኮል መጠጥ እና ሌላ የአእምሮ ጤና በተመለከተ እርዳታ ማግኘት ከፈለጉ ከዚህ በታች ባለው አድራሻ ደውለው እርዳታ መጠየቅ ይችላሉ።

ስልክ ቁጥር: 09 10 11 12 43

## YUUNIVARSIITII JIMMAA

### KOLLEEJII FAYYAA UMMATAA FI KUTAA FAYYAA SAAMMUU

#### WARAQAA GAAFFII AFAAN OROMOO

##### **Kutaa 1: eyyeema walii galtee**

\_\_\_\_\_ jedhama, yuunivarsiitii jimmattii kolleejjii fayyaa kutaa fayyaa sammuu fi miseensa garee qo'annoo fi qorannoo yemmuun ta'u, dhugaatii fi rakkoolee walqabatani dhufan dursani ittisuuf gargaaran irratti waaniin hojjadhuf deebiin isin kennitan fala guddaa ta'a jedhamee waan yaadameef of eegannoo cimaadhan akka naaf guuttan kabajan isin gaafadha.

Deebiin isin guuttan (deebistan) eyyaama guuttuu keessan irratti hunda'a, jechuun gaaffii deebisu hinbarbaane irraa darbuu ykn dhisuu niidandeesuu, gaaffii isinitti cimee immoo ibsaa gaafachuun nidanda'ama.

Dhuma irratti deebiin isin deebistan iccitii guddaan qabama, haata'u malee maqaan keessaniifi lakkofsi bilbilaa hin barbachisu. Hirmanna guddaa keessaniif galatoomaa!!

Qo'annoo fi qorannoo kana irratti hirmaachuu barbadaa?

A, eyyeen

B, hin barbaadu

Hirmaannaa keetiif galatoomaa!!

Maqaa nama gaaffii guutee \_\_\_\_\_ mallattoo \_\_\_\_\_ guyyaa \_\_\_\_\_

## **Kutan 2: gaaffii dhunfaa, maati fi hawaasumma**

1. Umrii \_\_\_\_\_
2. Saala    1. Dhiira        2. Dhalaa
3. Barataa wagga meqaaffaati?
  1. Waggaa tokkooffaa
  1. Waggaa lammaffaa
  2. Waggaa sadaffaa
  3. Waggaa afraffaa
  4. Waggaa shanaffaa
  5. Waggaa jahaaffaa
4. Garee banootaa (dipaartimeentii) \_\_\_\_\_
5. Haala maatii
  1. Kan hin herumne (durba ykn dar gageessa)
  2. Hiriyummaa irratti kanjirtu ykn kanjiru
  3. Kan heerumte
  4. Kan hiikte
  5. Kan irraa du'e
6. Iddoo jireenyaa amma itti jiraattu
  1. Mana cisichan yuunivarsiitii (doormii)
  2. Mana namaa kireeffachuun
  3. Maatii wojjiin
  4. Iddoo biraa ykn ibsi

7. Yuunivarsiitii osoo hin galin dura eenyu wajjiin jiraatta?

1. Maatii wajjiin
2. Kophaa/qofaa koo
3. Hiriyoota kiyya wajjiin
4. Kan biraa ibsi

8. Saba

1. Oromoo
2. Amaara
3. Guraagee
4. Tigiree
5. Kan biraa ibsi

9. Amantii

1. Ortodoksii
2. Prootestaantii
3. Musliima
4. Kaatolikii
5. Kan biraa ibsi

10. Yeroo ykn guyyaa hamamin iddoo amantii deemta?

1. Guyyaa guyyaan
2. Torbaniin yeroo tokko

3. Turban tokko dabarsee yeroo tokko
  4. Hin deemu
11. Galiin kee ji'aan / kan siif ergamu hammam tu'a? \_\_\_\_\_
  12. Galiin maatii keetii ji'aan hammam tu'a? \_\_\_\_\_
  13. Haati si deesse/haati kee/ lubbun jirtii?
    1. Eyyeen
    2. Hinjirtu( harmeen kee yemmuu duutu umriin kee meeqa ture)? \_\_\_\_\_
  14. Sadarkaa baruumsaa harmee keetii?
    1. Kan hin baranne
    2. Baruumsa sadarkaa tokkooffaa kan xumurte
    3. Baruumsa qophaaiinnaa kan xumurte
    4. Kolleejjii fi isaa oli
  15. Haala hojii harmee keetii
    1. Hojii dhuunfaa kan hojjattu
    2. Hojjattuu mootummaa
    3. Soorama
    4. Kan bira ibsi
  16. Abbaan kee lubbuun jirraa?
    1. Eyyeen
    2. Hinjiru(abbaan kee yeemu du'uu ykn boqatu umriin kee meeqa ture)? \_\_\_\_\_

17. Sadarkaa baruumsaa abbaa keeti meeqa?

1. Kan hin baranne
2. Baruumsa sadarkaa tokkooffaa kan xumurte
3. Baruumsa qophaaiinnaa kan xumurte
4. Kolleejjii fi isaa oli

18. Haala hojii abbaa keetii

1. Hojii dhuunfaa
2. Hojjattaa mootummaa
3. Soorama
4. Kan bira yoo jiraate ibsi

### **Kuta 3: gaaffii qabxii barumsaa ilaallatu**

19. Qabxiin kee giddugalessa meeqa? \_\_\_\_\_

20. Sababa dhugaatii dhuguun kutaa baruumsaa iraa haftee beektaa?

1. eyyeen
2. miti

21. deebiin kee eyyeen yoota'e seemisteera darrbeeti guyyaa meeqa hafteerta? \_\_\_\_\_

### **kuta 4: gaaffii baala sammuu nama haadochu**

22. namnii sammun isa dhukkabsate siiquunnumee beeka?

1. eyyeen
2. miti

23. maati keeti keessatti dhukkusatan sammuu jira?

1. eyyeen                      2. hinjiru

24. lubbuu kee baleessu ykn of ajjeessuuf yaaddee beekta?

1. Eyyeen                      2. yaade hin beeko

25. ofiikee ajjeessuuf yaaddee yaaltee beekta?

1. Eyyeen                      2. yaade hin beeko

26. ofiikee ajjeessuuf fedhii qabda?

1. eyyeen                      2. yaade hin beeko

27. abbaan kee ykn harmeen kee dhugaati alkooli dhuugu?

1. eyyeen                      2. miti

28. maatii keeti namni tamboo ykn sigaraa xuuxu jira?

1. eyyeen                      2. hinjiru

29. maati keeti keessaa namni caatii/jima/qama'uu jira?

1. eyyeen                      2. hinjiru

30. hiriyaan kee dhiiyoo/baayy'ee jaallattu/ caatii/jima qama'uu jira?

1. eyyeen                      2. hinjiru

31. hiriyaan alkkolii dhuugu qadba?

1. eyyeen                      2. hinqabu

32. ati guyyaa ykn yeroo meeqa meeqaan caatii/jimaa/ qamaata?

1. Hin qama'uu  
2. Torba torbaniin  
3. Ji'aa tokkotii guyyaa tokkoo hamma sadii



4. Torbaan tokkootii guyyaa tokkoo hmma sati
33. Shiishaa, kanabisii, ganja fayyadamtee beekta?
1. eyyeen
  2. fayyadame hin beeku
34. Tamboo ni xuuxa?
1. eyyeen
  2. miti
35. Dhukkuboota qaama/fakkeenyaafi dhukkuba somba, onnee.../ qabda?
1. eyyeen
  2. hinqabu
36. deebiin kee eyyeen yoo ta'ee dhukkuba akkami dhukkubsate beekta?
1. Dhiiba dhiiga
  2. Dhukkuba sukara
  3. Dhukkuba garaacha
  4. Kan biraa yoo jirate ibsii

#### **Kutaa 5: sababoota (alkoolii dhuuguf)**

37. Kan kanaa gadi tarreeffaman keessaa alkoolii dhuguuf sababa kan ta'u isa kami? Deebii tokkoo oli deebisuun nidanda'ama.
1. Salphati waan argamuuf
  2. Waaliitti dhuufanya namoota wojjiin jabeesuuf
  3. Dhiibaa hiriya
  4. Nama dingisisuu fakkeenya godhachuuf

5. Ciinqii keessaa bahuudhaf
6. Qabxi barumsaa irrattii gammaduu dhabuu
7. Kan biraa yoo jiraate ibsii

**Kutaa 6: rakkolee walqabatan**

38. Namaa alkoolii dhugeen miidhaan qaama ykn saalaa sii qunnamee beeka?

1. eyyeen
2. miti

39. Alkoolii dhugdee miidhaa qaama ykn saalaa nama biraa irratti dhaqabsistee beekta?

1. eyyeen
2. miti

**Kutaa 7: Gaaffilee rakkoodhugaati alkooliin walqabatan addaan baasuuf gargaaran (AUDIT)**

Tartib alakko	Gaaffilee	Deebii
AL 1	Kanneenakkabiiraa, wayinii, farsoo, daadhii, araqee, kan kana fakkaatan alkoolii of keessaa qabanyeroomeeqa dhugduu? (Yoodhugaatii hindugdanta' elleeguy yaaayyaanaa Farsoo hindugdani?)	0. Tasumaaiyyuu hindhugu (gara gaaffi kutaa 8 ttidarbi) 1. Ji'atti al tokko ykn isaa gadi 2. Ji'attiyeroo 2-4tti 3. Torbanitti yeroo 2-3tti 4. Torbanitti yeroo 4 ykn isaa oli

AL2	Dhugaatii gosa isa kamiin dhuguu filatta?	<ol style="list-style-type: none"> <li>1. Biiraa</li> <li>2. Wayinii</li> <li>3. Diraaftii</li> <li>4. Araqee</li> <li>5. Daadhii</li> <li>6. Farsoo</li> <li>7. Kanneenbiraa</li> </ol>
AL3	Yeroo tokkotti hangam dhugdaa?	<ol style="list-style-type: none"> <li>1. Biiraa(shuggeedhaan)-----</li> <li>2. Wayinii:Birciqqoo dhaan_____</li> <li style="padding-left: 100px;">-shuggeedhaan-----</li> <li>3. Diraaftii(Birciqqoodhaan)-----</li> <li>4. Araqee:-Malakkee_____</li> <li style="padding-left: 100px;">-Buushii_____</li> <li>5. Daadhii:-Birillee_____</li> <li style="padding-left: 100px;">-Birciqqoodhaan_____</li> <li>6. Farsoo(xaasaa,birciqqoo)-----</li> <li>7. Kanneenbiraayoota'eibssi-----</li> </ol>
AL4	Yeroo baayee dhugdanitti hagamam dhugdu?	<ol style="list-style-type: none"> <li>1. Biiraa(shuggeedhaan)-----</li> <li>2. Wayinii:-Birciqqoodhaan_____</li> <li style="padding-left: 100px;">-shuggeedhaan-----</li> <li>3. Diraaftii(Birciqqoodhaan)-----</li> <li>4. Araqee:-Malakkee_____</li> <li style="padding-left: 100px;">-Buushii_____</li> <li>5. Daadhii:-Birillee_____</li> <li style="padding-left: 100px;">-Birciqqoodhaan_____</li> <li>6. Farsoo(xaasaa,birciqqoo)-----</li> <li>7. Kanbiraa -----</li> </ol>
AL5	Dhugaatii hamma kana yoo xinnate	<ol style="list-style-type: none"> <li>1. Ji'a tokko kan hin gutne keessaatti</li> </ol>

	yeroo meeqaf dhugda?	<ol style="list-style-type: none"> <li>2. Ji'aan</li> <li>3. Torbaniin</li> <li>4. Guyyaadhaan ykn garacaalu yeroo hundaa</li> </ol>
AL6	Bara darbee keessati dhugaatii erga altakka jalqabdee dhaabuu dadhabdeettaa?	<ol style="list-style-type: none"> <li>1. Eyyee</li> <li>2. Tasuumaiyyuu</li> </ol>
AL7	Yoo deebiinkee lakk.06 eeyeen ta'ee yeroomeeqa siimudatee beeka?	<ol style="list-style-type: none"> <li>1. Ji'a tokko kan hin gutnee keessatti</li> <li>2. Ji'aan</li> <li>3. Torbaniin</li> <li>4. Guyyaadhaanykn garacaaluyeroohundaa</li> </ol>
AL8	Bara/Yeroo darbee keessatti sabaabii dhugaatiif hojii hojjechuun siiirraa eegamuu otuuhin hojjatin haftee beektaa?	<ol style="list-style-type: none"> <li>1. Eyyee</li> <li>2. Hinbeeku</li> </ol>
AL9	Yoo deebiinkee lakk.08 eeyeeta'ee yeroo hammamiif?	<ol style="list-style-type: none"> <li>1. Ji'a tokko kan hin gutnee keessatti</li> <li>2. Ji'aan</li> <li>3. Torbaniin</li> <li>4. Guyyaadhaanykn garacaaluyeroohundaa</li> </ol>
AL10	Hojii idilee kee hojjachuun duraa dhugaatii alkoolii dhuguuf yeroo ati itti dirqamtee ni jiraa?	<ol style="list-style-type: none"> <li>1. Eyyee</li> <li>2. Hinjiru</li> </ol>
AL11	Yoo deebiinkee lakk.10 eeyeeta'ee yeroo meeqa simudatee beeka?	<ol style="list-style-type: none"> <li>1. Ji'a tokko kan hin gutnee keessatti</li> <li>2. Ji'aan</li> <li>3. Torbaniin</li> <li>4. Guyyaadhaanykn garacaaluyeroohundaa</li> </ol>
AL12	Bara/Yeroo darbee keessatti miirrii arii/gaabuu erga dhugaatii dhugdee booda sittidhaga'amee beekaa?	<ol style="list-style-type: none"> <li>1. Eyyee</li> <li>2. Hinbeekuu</li> </ol>

AL13	Yoo deebiinkee lakk.12 eeyeenta'e yeroo meeqa gaabbitee beekta?	<ol style="list-style-type: none"> <li>1. Ji'a tokko kan hin guutne keessatti</li> <li>2. Ji'aan</li> <li>3. Torbaniin</li> <li>4. Guyyaadhaanykn garacaaluyeroohundaa</li> </ol>
AL14	Bara/yeroo darbe keessatti waanta yeroo sanata'e sababii dhugaa turteef yaadachuu dadhabdeettaa?	<ol style="list-style-type: none"> <li>1. Eyyee</li> <li>2. Lakkii</li> </ol>
AL15	Yoo deebiinkee lakk.14 eeyeen ta'e si'a meeqa siqunnamee beeka?	<ol style="list-style-type: none"> <li>1. Ji'a tokko kan hin guutnee keessatti</li> <li>2. Ji'aan</li> <li>3. Torbaniin</li> <li>4. Guyyaadhanykn garaacaaluyeroo</li> </ol>
AL16	Sababii ati dhugaatii dhugduuf siin ykn nama bira irra balaa nga'ee jiraa?	<ol style="list-style-type: none"> <li>1. Eyyee</li> <li>2. Hinjiru</li> </ol>
AL17	Yoodeebiinkee lakk.17 eeyeen ta'e yoom muudatee beeka?	<ol style="list-style-type: none"> <li>2. Waggaa tokko dura</li> <li>4. Waggaa kana keessaa</li> </ol>
AL18	Firrii ykn hiriyyaankee, hakiimiin ykn hojjeetaan fayyaa kanbiraan wa'ee dhuga atiikeetii akka ati dhaabduuf namni sitti himee jiraa?	<ol style="list-style-type: none"> <li>1. Eyyee</li> <li>2. Hinjiru</li> </ol>
AL19	Yoo deebiinke eeyee ta'e yoom sitti himamee beeka?	<ol style="list-style-type: none"> <li>2. Waggaa tokkoon dura</li> <li>4. Waggaa kana keessa</li> </ol>

### Kutaa 8: xin sammuu ilaalchisee

		4.yeroo	3. yeroo baayyeeff	2. yeroo tokkoo	1. yeroo muraasaf	0. naa qunnamee hinbeeka
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				tokkoof		
K1.	Guyyoota darban 30 keessatti yaadni kee yeroo meeqaf jeeqamee beeka?	4	3	2	1	0
K2.	Guyyoota darban 30 keessattiyeroo meeqaf abdi kutaatte turtee?	4	3	2	1	0
K3.	Guyyoota darban 30 keessatti yeroo meeqaf adabachuudhabuu ykn boqqonnan dhabuun sii quunname?	4	3	2	1	0
K4.	Guyyoota darban 30 keessatti yeroo meeqaf waanti fedhee sii gammachisuu dadhabutii geessee beekta?	4	3	2	1	0
K5.	Guyyoota darban 30 keessatti yeroo meeqaf waanti hindinuu humna kee guutuu kan barbadu sitii fakkaate?	4	3	2	1	0
K6.	Guyyoota darban 30 keessatti yeroo meeqaf ofii kee akka faayidaa hin qabneetii yaadde beekta?	4	3	2	1	0

### **Kutaa 9: OSLO-3 gaaffi gargaarsa karaa garagaraa**

Hubaachisa; matadureen kun kutaa gaaffi 3 qaba yeemu ta'ugargaarsa maatti,ummata fi yaadota walitti dhiyaatan ilaalata.deebii yaada kiyyaa ibsa jettu irraa mari.

SS1.	<p>Baayyee kan itti dhiiyaatu fi rakkoo guddaan yoo siiquunnamu kan siif dhaqbuu namoota meeqa qabda? (filannoo tokko qofa filadhu)</p> <ol style="list-style-type: none"> <li>1. hinjiraanu</li> <li>2. 1 ykn 2</li> <li>3. 3-5</li> <li>4. 5 oli</li> </ol>
SS2.	<p>Hojii ati hojjaattu irratti namooni fedhii fi hubannoo hamaam agarsiisu? (filannoo tokko qofa filadhu)</p> <ol style="list-style-type: none"> <li>5. Hubaanno fi fedhii gudda</li> <li>4. Hubaannoofi fedhi muraasa</li> <li>3. Hinbeeku</li> <li>2. Hubaannoofi fedhii xinnoo</li> <li>1. Hubaannoofi fedhii hin qaban</li> </ol>
SS3.	<p>Gargaarsi yeroo siiberbaachisutti olla keetii irraa argachuun hamaam salphaadha? (filannoo tokko qofa filadhu)</p> <ol style="list-style-type: none"> <li>5. Baayyee salphaadha</li> <li>4. Salphaadha</li> <li>3. Ni danda'ama</li> <li>2. Rakkisaadha</li> <li>1. Baayyee rakkisaadha</li> </ol>



### **Kuta 10: welqunnamtii saalaa ilalchisee**

**Hubachisa:** gaaffiiwwan armaan gadii ofegannoodhaan dubbiisun akka naaf guutan kaabajan isiin gaafadha, gaalatooma.

Gaaff i.lakk	Gaaffii	1. eyyeen	2. miti
SX1	Quunnamtii saalaa raawwate beekta?	1	2
SX2	Deebiin kee lakk SX1 eyyeen yoo ta'ee, umriin kee meeqa ture?-----		
SX3	Ji'oota sadan darban kondoomin alaa wal-quunnamtii saalaa goote beekta?	1	2
SX4	Ji'oota sadan darban keessatti hiriya qunnamtii saalaa lama ykn lamaa ol qabdaa?	1	2
SX5	Ji'oota sadan darban keessatti hojjattuu mana buna wajjiin Quunnamtii saalaa raawwate beekta?	1	2

**Hubachiisa:** dhugaatii alkoolii fi fayyaa sammuu irratti gargaarsa yoo barbadan lakkoofsa kanaa gaditiin gargaarsa argachuu nidandeessu.

Lakk , bilbila **09 10 11 12 43**

**Declaration**

**SCHOOL OF GRADUATE STUDIES  
JIMMA UNIVERSITY**

As Thesis research advisors, we hereby certify that we have read and evaluated this Thesis prepared under our guide, by Daniel Alemu entitled: “Alcohol use disorders and associated factors among Jimma University Main campus students.” We recommend that it to be submitted as fulfilling the Thesis requirement.

Matiwos Soboka (BSc. MSc)

First Advisor

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Signature

\_\_\_\_\_

Date

Dr. Elias Tesfaye (MD, Psychiatrist)

Second Advisor

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

As members of the *Board of examiners* of the MSc. *Thesis Open Defense Examination*, we certify that we have read, evaluated the thesis prepared by Daniel Worssa Alemu and examined the candidate. We recommended that the Thesis be accepted as fulfilling the thesis requirement for the degree of Master of Science in Integrated Clinical and Community Mental Health.

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Chairperson

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Signature

\_\_\_\_\_

Date

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Internal Examiner

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Signature

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Date

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External Examiner

Signature

Date