ASHESI UNIVERSITY COLLEGE

Alcoholism among Women and its Impact on the Socio-economic Development of Ghana: A Case Study of Sandema

FESTUS AKAATEBA AGOABASA

2012
ASHESI UNIVERSITY COLLEGE

Alcoholism among Women and its Impact on the Socio-economic Development of Ghana: A Case Study of Sandema

BY

FESTUS AKAATEBA AGOABASA

Dissertation submitted to the Department of Business Administration
Ashesi University College
In partial fulfillment of Bachelor of Science degree in Business Administration

May 2012
DECLARATION

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this University or elsewhere.

Candidate’s signature:............................................

Candidate’s name:..................................................

Date:.................................................................

I hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by Ashesi University College

Supervisor’s Signature:...........................................

Supervisor’s Name:.................................................

Date:.................................................................
ACKNOWLEDGEMENT

It is a happy task to express gratitude to those people who have helped to conceive this project and help to make it a success. I am heartily grateful to my supervisor, Dr. Mikelle Antoine for her encouragement, guidance and critique from start of this project to the final stage.

My heartfelt thanks go to Mrs. Josephine Djan, Ms. Mauricia Achumwari, Amin Suleiman and my family for their immerse support and love shown me during this period. May God bless you and restore your lost energies and resources.

And to every other person whose name has not been mentioned but who in any respect supported me during the completion of the project, I say you are all held in high regard.
DEFINITION OF TERMS¹

Alcoholism and alcohol abuse are used interchangeably in this paper. They basically mean the same thing.

Tot: A glass measure of alcohol; especially the hard drinks or spirits served to customers over the counter in drinking spots or bars.

Calabash: A container made of guard used by palm wine and Pito sellers to serve their customers

Spirits: Unsweetened, distilled, alcoholic beverages with high alcoholic content of at least 20% and above (Borkar, 2011).

¹ Definition of terms is based on Emmanuel Akyeampong’s (1996) book on Drink, Power, And Cultural Change: A Social History of Alcohol in Ghana, C. 1800 to recent Times. Portsmouth, NH: Heinemann
ABSTRACT

Alcoholism or abuse of alcohol is not new in Ghana. But alcoholism among women is something most people would be shocked to learn about. However, it should not be a surprise to anyone who comes from Sandema. Sandema is the capital of the Builsa District located in the Upper East Region of Ghana. It is an economically and socially deprived community with high levels of unemployment and illiteracy rate.

The situation is even worse when you factor in gender. Women have it bad in many impoverished communities. However, when you factor in illiteracy, poverty and alcohol abuse; the reality is even worse. This paper explores the causes and impact of alcoholism among women in Sandema. It reports the findings of a qualitative study using surveys and personal interviews. The snowball sampling technique was employed to solicit data pertinent to the research questions.

This study reveals that most women in society mainly abuse alcohol to avoid coping with the realities of life. However, this avoidance coping strategy often leads to more dangerous drinking that affects the health and socio-economic wellbeing of the women. It is thus hoped that policy options and community efforts are directed towards alleviating this growing menace to promote individual and societal development.

Keywords: Alcohol, Women, socio-economic impact, alcoholism, Sandema, Ghana

Snowballing is a method of gathering data by asking a key participant for referrals to other people who might be willing or appropriate for the study. The next participant is then chosen on the basis of this referral.
Table of Contents

Declaration..............................................................................................................................................................................i
Acknowledgement..................................................................................................................................................................ii
Definition of terms...............................................................................................................................................................iii
Abstract................................................................................................................................................................................iv
Table of content.....................................................................................................................................................................v
List of tables and figures.........................................................................................................................................................vii

Chapter 1: Introduction....................................................................................................................................................1
1.1 Overview.........................................................................................................................................................................1
1.2 Problem statement..........................................................................................................................................................3
1.3 Research question..........................................................................................................................................................3
1.4 Objective of study..........................................................................................................................................................3
1.5 Significance of study......................................................................................................................................................4
1.6 Conceptual framework..................................................................................................................................................5
1.6 Layout of thesis.............................................................................................................................................................7

Chapter 2: SANDEMA AND THE ALCOHOL PROBLEM.........................................................................................2
2.1: Introduction.................................................................................................................................................................8
2.2: The current situation of alcohol abuse.........................................................................................................................8
2.2 Background of study location........................................................................................................................................9
2.2 Relief and Vegetation.....................................................................................................................................................9
2.3 Rainfall and Climate.......................................................................................................................................................10
2.4 Distribution of population by religion and ethnic groups...........................................................................................10
2.5 Family System and Marriage.....................................................................................................................................10
2.7 Culture, Festival and tourism.......................................................................................................................................11
CHAPTER 3: LITERATURE REVIEW

3.1: Introduction
3.2 Etymology of Alcohol
3.3 Alcohol production
3.4 Types of alcoholic beverages
3.5 Uses of Alcohol
3.6 Alcoholism/Drinking

CHAPTER 4: RESEARCH METHODOLOGY

4.1 Introduction
4.2 Target population
4.3 Sampling
4.4 Data collection and Instruments
4.5 Data collection Procedure
4.6 Trustworthiness and ethical considerations
4.7 Limitations of research methods

CHAPTER 5: DISCUSSION OF RESULTS

5.1 Introduction
5.2 Factors influencing women alcohol abuse
5.3 Socio-economic impact of alcoholism

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Recommendations
6.2 Conclusion
6.3 References
6.4 Appendix
List of tables and Figures

Figure 1.1.1: Conceptual framework of study.................................................................5

Figure 3.3.1: Alcohol preferences among women in Sandema.................................12

Table 4.3.1: Demographic characteristics of study sample........................................16

Figure 5.3.1 Graph showing factors influencing alcohol abuse among women.....................24
CHAPTER 1: INTRODUCTION

1.1 Overview

Society assumes only men abuse alcohol in Ghana. In Sandema, women drink as much, if not more, than most men do in society. However, studies on alcohol indicate that women are more susceptible to the negative effects of alcohol (Rogers, 1996 & WHO, 2011). This means that more women will end up with an alcohol related problem for alcohol abuse than their male counterparts in society.

The concept of alcohol abuse or alcoholism has been widely studied. Alcoholism was first coined and defined as a ‘chronic, relapsing disease’ by the Swedish physician, Magnus Huss in 1849. (Li & Grant, 2007). However, the word has now come to represent the compulsive and uncontrolled use of alcohol despite repeated alcohol related problems. (Seymour & Wattis, 1992). According to the WHO (2011), the impact of alcoholism is often serious and severe among poor population groups.

It is thus imperative that we relook at alcoholism amongst women especially in the context of a very deprived and impoverished community like Sandema. Sandema is the administrative capital of the Builsa District located in the Upper East region of Ghana. The community is about 588 kilometers far from the capital city, Accra with an approximate population of about 4,549 people which is primary rural and scattered in dispersed settlements (Gyireh, 2011).

Majority of people in the community are uneducated, poor and are often socially and politically marginalized. Women have it even worse in the community.
It is in this context that alcohol has come to dominate most people past time in Sandema. Although poor and vulnerable, most women in this male dominated community abuse alcohol mainly to cope with their daily worries of life. However, reliance on alcohol as a coping strategy often leads to more alcohol consumption and abuse and a lower likelihood of abstinence (Holahan, 2001).

This presents serious socio-economic problems as continuous drinking triggers precarious situations of food insecurity, health problems and anti-social behaviours. In spite of the dangers that alcoholism presents to the women and society, no structured discussion or comprehensive policies have been made to address the problem. Like other public health issues, government interventions to control alcohol abuse in the country have always proved ineffective (Akeampong, 1995).

It is therefore hoped that this study re-ignites government, stake holders and policy makers to reconsider the issue of women alcohol abuse in the community and initiate policies in pursuit of a sustainable solutions to the dilemma. This will help to protect the women, promote their wellbeing as well as to ensure an improvement in the socio-economic growth and development of the entire society.

It is recommended that, conditions that initiate drinking among women should be first eliminated. This requires the formulation of policies that mandate the socio-economic transformation of women in society. This includes policies to create real economic opportunities, improve access to health care and education as well as promote gender equity. With a strong political commitment and community will, this growing problem can be addressed to promote individual and societal progress.
1.2: Problem Statement

Men dominated alcohol in Ghana until recently. They owned the resources, produced alcohol and controlled its sales and use in society (Akeampong, 1996). However, women were not absent from this process. Women also brewed and sold alcohol but social and cultural obstacles kept them from drinking and abusing alcohol in the society.

However, studies done in most Western countries indicated that women have long abused substances such as alcohol but are often more private about it (Boots, 2004). But was it the case in Ghana? Were women always abusers, but in private as these researches show? Alcohol abuse amongst women is worsening the already fragile situation of low socio-economic development in most deprived Ghanaian communities like Sandema. Hence, the need for this research to ascertain the societal changes that occurred to spark the rise in alcohol abuse amongst women.

1.3 Research Questions

1. Why do women engage in alcohol abuse or alcoholism in Sandema?
2. When did women start drinking? What sparked it?
3. What is the current trend of alcoholism among women?
4. What threats does alcoholism among women pose to them and society?
5. What policy options or strategies are required to address the problem?
1.4 Objective of Study

The main purpose of this study is to explore the causes of alcoholism among women in Sandema and the impact it has on the socio-economic development of women and society.

1.5 SIGNIFICANCE OF THE STUDY

Scholars and the general public have often paid less attention to the abuse of alcohol by women as a societal problem in Ghana. However, alcohol abuse by women is beginning to threaten the wellbeing of women and society in most parts of the country, especially in Sandema. In order to help the women and society, it is important to understand the reasons behind their abuse of the substance.

This research was thus conducted to ascertain the causes and socio-economic impact of alcohol abuse among women in Sandema. The research will create awareness of the problem among policy makers to push government and other stakeholders to take action to address it. The paper will also enhance the knowledge base of the literature on alcoholism among women in Ghana. It is hoped that the findings of this study would provide evidence for further research work and would be used as a reference material by future researchers.
1.6 CONCEPTUAL FRAMEWORK

The conceptual framework of this study presents a general overview of some of the fundamental factors that influence the abuse of alcohol among women. The study also highlights some of the corresponding negative consequences that are associated with the abuse of alcohol or alcoholism. Figure 1.1.1 on page 5 shows a graphical illustration of the conceptual framework of this study.
Figure 1.1.1: Conceptual Framework of study

Sources: (WHO, 2004; Adusi-Poku, 2011; NIAA, 2004; Li & Grant, 2007; Mia Budescu, 2011 & Luginaah, 2003)
1.7 Layout of Thesis

This study is divided into six chapters. Chapter one is the introduction. It covers the problem statement, research questions and objectives and significance of the study. Chapter two examines Sandema and the economic, socio-cultural and issues of alcoholism in the community. Chapter three reviews the relevant literature pertinent to the issues of alcohol and alcoholism. Chapter four covers the research methodology; thus the data collection and tools used, sampling techniques and ethical considerations. Chapter five presents the findings from the research and Chapter six presents the recommendations and conclusion of the study.
CHAPTER 2: SANDEMA AND THE ALCOHOL PROBLEM

2.1 Introduction

This part of the study covers the current situation of Sandema. It basically looks at the economic and socio-cultural issues in the face of the daunting challenges that alcoholism presents to the community and to women in particular.

2.2 The current situation of alcohol abuse

Alcohol abuse among people in Sandema is alarming. It seems to have become a pre-occupying activity that only a few people in the community reject. It would be considered churlish not to offer or get a visitor or your farm labourers dead drunk. Most men, women and even children drink and abuse alcohol in the community.

It was some few minutes past mid night when I met a group of women in one of the popular drinking bars during my recent visit to Sandema. These women were not just drunk but were ‘dead drunk’ and some lying on the floor. These women, I was told were perpetual victims of the “town vultures” [The popular name identified with men who rape or lure alcoholics into sexual acts]. This spectacle is indicative of the moral quagmire that the community faces today.

The high rate of alcohol abuse among the youth further foreshadows the social crisis that awaits this community in the near future. These young men and women will soon become parents and heads of households wrecked by alcoholism and its
associated social ills. The inevitable transfer of generational poverty is thus likely as fathers, mothers and children spend scarce family resources on what they do best – boozing. There will be the usual quarrels, violence and illnesses associated with heavy drinking and then the growth and stability of families and society would constantly be threaten if the problem is not addressed.

2.2 Background information of study location

Sandema is the capital of the Builsa District located in the Upper East region of Ghana. It is surrounded by many small communities which generally has no distinct boundaries between them as compounds in contiguous communities overlap. Sandema is one of the poorest and most neglected areas in the region. With an approximate population of about 4,459, about 83% represent subsistence farmers.

2.3 Relief and Vegetation

The topography of Sandema is undulating. The natural vegetation is that of the savannah woodland characterized by short scattered drought-resistant trees and perennial grasses. The most common economic trees are the shea nut, dawadawa, baobab and acacia. Human interference with ecology is significant. This sometimes combines with heavy rains to exacerbate flood hazards that threaten the livelihood of people and the local infrastructure development of the community.
2.4 Rainfall and Climate

Like other parts of the north, there is only one rainy season in Sandema where rainfall is erratic spatially. The rains normally build up from little rains in April to heavy rains in July to September. They begin to decline from September and may finally stop in October setting in the dry season. The dry season starts from November and may last up to February. This season is characterized by cold, dry and dusty harmattan winds and wide diurnal temperature ranges.

2.5 Distribution of population by religion and ethnic groups

The demographic characteristics of Sandema have common features with other rural communities in Ghana. The area is multi-ethnic and heterogeneous in terms of religion. The dominant ethnic group is the Builsa but other few minority groups in the community include the Maprusi, Kasena and Mossi. The dominant religions are African Traditional Religions (ATR) followed by Christianity and then Islam.

2.6 Family System and Marriage

The extended family system and polygamy is dominant in the community. The men are mostly the breadwinners and the heads of families. Marriage and child birth are very important among people in the community. Therefore, marriages that produce no children mostly attract societal criticism and may break up with time.
2.8 Culture and Festival

The Feok is the main festival celebrated by the people of Sandema and all other neighbouring communities within the Builsa district. It is a war festival celebrated to mark the defeat of Babatu; a notorious slave raider who invaded the Builsa district in the nineteenth century to seize the people and sell them into slavery.
CHAPTER 3: LITERATURE REVIEW

3.1 Introduction

In order to evaluate the concept of alcoholism, it was necessary to examine the literature on a variety of issues relating to alcohol and alcohol abuse. This review is organized around four sections. The first section addresses the entomology of alcohol. The second section tackles alcohol production. The third discuss the uses of alcohol and the final section summarizes the literature on alcoholism.

3.2 The Etymology of Alcohol

The word ‘alcohol’ is derived from the Arabic word “al kohl” (Hajar, 2000). It originally designated finely pulverized antimony used by Arab women to darken their eyelids. With time, the word revolutionized and has now come to represent the intoxicating ingredients of fermented and distilled alcoholic beverages. (Adusi-Poku, 2011). Alcohol is the commonest and most widely used psychoactive agent among people in most parts of the world (Fieser, 2008).

3.3 Alcohol Production

Alcohol is produced through the processes of fermentation and distillation. Fermentation involves converting sugars to ethanol by adding yeasts. This yields
beverages like beer, Pito and palm wine with lower alcoholic contents not exceeding 5% to 10%. (Akeamong, 1996). The distillation process is used to produce alcoholic beverages such as akpeteshie, whisky and other spirits with high alcohol content of about 20% and above. (Borkar, 2011)

### 3.4 TYPES OF ALCOHOLIC BEVERAGES

A wide range of alcoholic beverages are produced and consumed in Ghana. However, traditional locally made beverages such as akpeteshie, Palm Wine and Pito are cheaper and more popular among people in most Ghanaian communities. This study show that most women in Sandema mostly patronize the locally brewed akpeteshie and Pito than factory made drinks as bear or Guinness. Figure 3.3.1 is a graph showing the alcoholic beverage preference among women who participated in this present study. The data for this graph can be found in **Appendix II**

![Figure 3.3.1](image.png)

**Figure 3.3.1:** Graphical illustration of the alcoholic beverage preference among participants in this present study
3.5 THE USES OF ALCOHOL

People do not always abuse alcohol. Some people also used alcohol for health benefits such as curing fever, wounds or stomach problems (Mäkelä, 1983 & Adusi-Poku, 2011). Alcohol is also made relevant by most peoples to relations between humanity and to the nexus between man and the gods (Akeampong, 1996).

3.6 Alcoholism

Alcoholism basically represents the compulsive and uncontrolled use of alcohol. People who suffer from alcoholism are obsessed with alcohol and cannot control how much they consume, even if it is causing them serious problems in their lives. The concept of alcoholism has long been studied and documented in developed countries than it has been done in developing states (Larsen, 2007). Much work thus needs to be done in understanding alcoholism especially among women in developing countries like Ghana.

Major contributions to the literature on alcoholism in Ghana include the works of Emmanuel Akeampong (1996). Akeampong states that people abuse alcohol when they cannot meet their social obligation. He argued that, in the social context, it is the desire of all humanity to be responsible and respected in society. Indigence and social incapability thus represent an acute embarrassment which often drives people to seek refuge in alcohol to avoid the blame of been seen as incapable.

In line with Akyeampong’s work is the study by Luginaah and Dakubo, (2003) on the impact of akpeteshie consumption among people in the Upper West region of
Ghana. This study showed that chronic poverty is the main driving force to alcoholism among men in society. This means that men will mostly drink akpeteshie to cope with the anxieties resulting from hardships. However women were said to drink less and do so only to socialize with their peers in society.

In a context where no or few alternative coping mechanisms exist, people may result to physical analgesic substances such as alcohol to relieve pains. It is thus tempting to agree with these observations that excessive drinking in society is a reaction to the many worries of life. However, drinking does not solve the problems of life. It merely temporarily masks them. The same problems will resurface after sometime, even with additional health hazards.

Is it further self-defeating to turn into an alcoholic in the hope to avoid coping with the realities of life. Alcoholics are not respected in society and bad behaviours induce by any alcohol abuse is also punishable in most Ghanaian societies. Hence the act of drinking itself may elicit new form of anxiety and a more bad feeling to the person who abuses the substance.

David Mandelbaum, (1965) however holds a different view regarding alcohol use. He believes that the culture of a society determines the level and pattern of drinking among its people. According to David, societies with loose social control turn to experience heavy alcohol use by its people than societies with tight control.

But is this really the case? Ghana would be an example of a tight society yet drunkenness in most Ghanaian societies especially in Sandema persists. This study seeks to contribute to the discussion by examining the causes and impact of
alcoholism among women in Sandema. It highlights some of the societal changes that occurred to spark the rise in alcohol abuse by women in Sandema.
CHAPTER 4: METHODOLOGY

4.1 Introduction

This study employed qualitative research methodology. The study made use of structured and unstructured questions as well as personal interviews as the data gathering instruments.

4.2 Target population

This study covers women who abuse alcohol in Sandema. This community was chosen to study for the following reasons. 1. Alcoholism is a serious problem affecting men and youth in the community. The active involvement of women in alcohol abuse is thus an additive to the already fragile situation of low productivity and extreme poverty. 2. Women are more vulnerable to the dangers of alcohol especially in a context where poverty is extreme. This study therefore seeks to create awareness of the problem among policy makers to press government and other stakeholders on the need to take immediate actions to save the situation.

4.3 Sampling

It is not possible for me to interview every woman who abuse alcohol in Sandema given the time allocated for this paper. Therefore, 97 women who abuse alcohol were contacted for the study. The snowball sampling technique was used to solicit data for the study. This method was employed because of the sensitive nature of the topic. Society normally do not respect alcoholics, hence the women are less willing to discuss their alcohol problem. As such it is difficult to find women who are
willing to participate a study of this nature. The table below shows the demographic characteristics of the study sample.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size</td>
<td>97</td>
<td>100</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 -24</td>
<td>22</td>
<td>22.7</td>
</tr>
<tr>
<td>24 -44</td>
<td>57</td>
<td>58.8</td>
</tr>
<tr>
<td>45 and above</td>
<td>18</td>
<td>18.6</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>45</td>
<td>46.4</td>
</tr>
<tr>
<td>Divorce</td>
<td>13</td>
<td>13.4</td>
</tr>
<tr>
<td>Widow</td>
<td>32</td>
<td>33.0</td>
</tr>
<tr>
<td>Single</td>
<td>7</td>
<td>7.22</td>
</tr>
<tr>
<td><strong>Educational Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tertiary</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>SHS</td>
<td>16</td>
<td>16.5</td>
</tr>
<tr>
<td>Primary/JHS</td>
<td>31</td>
<td>32.0</td>
</tr>
<tr>
<td>None</td>
<td>48</td>
<td>49.5</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farming</td>
<td>51</td>
<td>52.6</td>
</tr>
<tr>
<td>Trading</td>
<td>34</td>
<td>35.1</td>
</tr>
<tr>
<td>Formal employment</td>
<td>12</td>
<td>12.4</td>
</tr>
<tr>
<td><strong>Religious Affiliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Traditional Worship</td>
<td>45</td>
<td>46.4</td>
</tr>
<tr>
<td>Christian</td>
<td>32</td>
<td>33.0</td>
</tr>
<tr>
<td>Muslim</td>
<td>20</td>
<td>20.6</td>
</tr>
</tbody>
</table>

**Table 4.3.1:** Demographic characteristics of the study sample
4.4 Data Collection and Instruments

The data for this study was taken from both primary and secondary sources. Primary data were collected using structured and unstructured questions. Personal interviews were also conducted. This provided participants a chance to openly discuss and express their ideas without any restriction. The secondary data for the study were obtained from the literature, the use of books and through the internet.

4.5 Data Collection Procedure

The data collected for this study was made possible with support from Mauricia Achumwari; a final year student of the Bolgatanga Polytechnic. Achumwari was purposively chosen because many of her female friends abuse alcohol. As a result, I was able to have access to their private lives; otherwise closed off. Achumwari was also chosen because she is the daughter of the most popular and respected Pito vendor in the community. She has often been in contact with people who patronize the spot and her strong relationship with most of the participants makes it much easier to convince them to participate in the study.

The questionnaires were administered directly to participants who could read and write. Those with no formal education were aided by the researcher. Personal interviews with participants were also conducted by first identifying people willing to participate and then visiting them in their homes. Participants were told about the purpose of the study, their role in it, and were assured that confidentiality would be maintained at all times. They were thus comfortable to freely express themselves and the response from each participant was documented.
4.6 Trustworthiness and Ethical Considerations

Trustworthiness is “the extent to which findings provide truth-value of data collected” (Lincoln & Guba, 1985). The consent of all participants was sought and they were assured that the information they provide would be treated confidentially. Participants were not required to include their identity or names to prevent recognition within the text of this report. This was done to ensure that the participants were completely candid in their responses. If they were completely candid, then it is assumed that the data collected from the interviews and questionnaires would be more truthful.

4.7 Limitation(s) of the study

Alcoholics are not respected in most Ghanaian societies. Most women therefore feel uncomfortable discussing or sharing information about their drinking behaviours. This might have led to information bias. It was also difficult to establish the mental stability of participants before their inclusion into the study sample. The likelihood that the information gathered is obstructed if it came from participants with clinical symptoms of mental disorders resulting from heavy drinking is thus unavoidable.
CHAPTER 5: DISCUSSION OF RESULTS

5.1 Introduction

This chapter gives a summary of the results obtained from the study. The goal of the investigation was twofold; each tackling issues pertinent to the main research questions and objectives. 1. To determine the reasons behind women alcohol abuse in Sandema and 2. To examine how alcohol abuse among women affects the socio-economic development of society. Direct quotations from participants are included in the text to reinforce the information they provided.

5.2 Factors influencing alcohol abuse among women in Sandema

Coping Mechanism: Drinking to dull the pains of chronic poverty

This research has identified an irrefutable link between alcohol and the preconceived beliefs that alcohol “cure problems”. Alcohol is thus serving an “escapist function” for women of the community (Luginaah, 2003). Participants opined that chronic poverty has often made life unbearable to them in society. In a context where no or very few social alternatives are available to the people, most women then turn to alcohol to cope with the stress and anxieties resulting from chronic poverty. This findings is consistent with the study by Donald Horton, (1943) which concluded that, anxieties resulting from food insecurity often force people into consuming and abusing alcohol in primitive societies (Robin Room, 2000).

Esi Monday is a 36 year old farmer living with her husband who became paralyzed some years back. She has five children and is the bread winner of her family. Esi
drinks excessively and has often spent most of her time in drinking bars in the community. I happen to meet Esi and questioned her about her drinking habit. The visibly weak Esi responded gladly but in a feeble tone.

Life in this community is very intolerable. It is either you cannot afford to clothe yourself and children or put food on your table. Sometimes children cry on you and their fathers can’t help or don’t even care. This makes you “sick” and sleepless. So when you get a “tot” or two, you forget about some of these problems and you are able to move along with life.

However, drinking to avoid coping with the realities of life often leads to more alcohol consumption. This threatens the health and further deepens the poverty levels of households as continuous drinking comprises the limited family resources. Participants are aware of these dangers, yet alcohol remains the fulcrum of their social life because they highly appreciate what alcohol does for them.

The issue is not that we don’t know the problems that drinking causes us; the issue is that we are already burden with those problems. We all know the dangers and, ironically, we drink to stop worrying about them.

These are the remarks of 21 year old Esi Tuesday who drop out of secondary school after she was put in the family way by a man she described as an ‘irresponsible’ husband. She believes the poverty situation in Sandema is a public health tragedy and the precipitating factor behind many of the irresponsible behaviours that most women of the community are engage in today.
Social change

The rapid social change and the general acceptance of public drunkenness present yet another opportunity for women in contemporary societies to drink and abuse alcohol. Society is rapidly changing and so are the norms governing social life in the human world. The role of women for instance has changed and so are the traditional and social norms that govern their conduct in society. The socio-cultural structures that previously hinder drinking by women have been eliminated by this rapid social change. Today’s woman in Sandema is thus not restricted by any social or traditional stigma from ‘emptying the bottle’. This has had a profound influence on the high alcohol consumption levels and patterns among women in the community today.

Spiritual Influence: Drinking under the influence of the unseen powers

Interestingly, some participants tied their drinking behaviours to the activities of witches and other unseen spiritual powers. This observation was particularly associated with very heavy drinkers who can barely survive without the daily dosage of alcohol. I happen to interview one. Ama Monday is a 54 year former bank teller and a Christian. According to her, people never intend to waste their lives with alcohol. They are forced to do so only under spiritual influence. She explained how she got into the habit of alcohol abuse in early 2003.

I never tasted alcohol in my youthful days neither did I ever tasted alcohol in my marriage life. I was always a good wife and a good mother to my kids. Somewhere in 2003, I started drinking and lost my job two years
after. My father became so worried and took me to a native doctor\(^3\). It was revealed that my step mother has planted a pot that encourages drinking in my stomach and once the pot cannot be removed, I can never also stop drinking”.

Figure 5.5.1 gives a summary of the findings regarding some of factors and beliefs behind the abuse of alcohol by women in Sandema. Data for the graph can be found in Appendix II on page 35.

![Graphical illustration of the reasons behind women abuse of alcohol in Sandema](image)

**Figure 5.51**: Graphical illustration of the reasons behind women abuse of alcohol in Sandema

\(^3\)A native doctor is a traditional medicine healer who is believed to posse supernatural powers and is believed to see beyond the physical realm.
5.3 Socio-economic impact of women alcohol abuse

Alcoholism among women is a serious societal problem especially in a context where illiteracy, poverty and unemployment are extreme. It affects children; our pride and leaders of the future. It tears families; the very foundation of our society, hence no segment of the nation is left untouched by this growing phenomenon.

Pregnant women who abuse alcohol expose unborn children to Fetal Alcohol Syndrome; a disorder characterized by irreversible mental and physical birth defects. (Abel, 1998 & Tait, 2003). These children suffer neurological injuries which impair their mental, physical and social functioning. They grow to become adults but lack the capacity to make any meaningful contribution to their personal lives and society. Without intervention, many become insane or engage in anti-social behaviours such as drug abuse and theft. Then we all pay a significant price, both economically and in terms of a loss of quality of life in our communities.

If the family is the building block of societies, then marriage is the center beam. (Fagan, 2012). Alcoholism destroys marriages and threatens the wellbeing of children. Most children from these marriages are denied the moral, financial and emotional support they require. Some of these children grow to become social miscreants and the entire society and nation suffers the harm they cause.

The society and nation loses its work force through alcohol related injuries and deaths. The limited resources of society that could have been invested in productive ventures such as health care, education and agricultural production are spent curing for the sick, street children and the insane resulting from alcohol abuse. So
like a pebble hitting the water, the impact of alcoholism among women ripples through the entire family, community and the nation at large.
CHAPTER SIX: Recommendations and conclusions

6.1 Recommendations

Alcohol has been an important social and economic commodity in the human sphere since antiquity. There is however little doubt about the considerable harms that it cause to people and society when it is abused. While it is probable that some people may suggest the banning of alcohol sale to prevent the damage it cause, prohibition is not on the agenda in Ghana. The critical issue then is how to effectively protect people from abusing alcohol to minimize the associated harms.

In the context of Sandema, governmental policies that mandate the economic and social transformation of women in society are required to address the problem of alcoholism among women. The government should therefore exercise the political commitment in this regard by initiating policies that create real economic opportunities for the women. This will help to eliminate poverty and its associated anxieties that push these women into abusing alcohol in the community.

The ability to identify the problems that a society faces is also very crucial in devising any meaningful mitigating strategies. Until alcohol abuse among women is identified as a social problem confronting Sandema, actions will not be taken to address it. The onus thus lies on community and opinion leaders to recognize the problem as a threat to the community and create awareness about it among policy makers. By so doing, policy makers are alerted to push government and other stakeholders to take the needed actions in addressing this growing menace.
Other governmental policies such as raising taxes on alcohol are also very crucial in reducing the magnitude of alcoholism in society. Raising the tax on alcohol will serve as a disincentive to buyers since they are now expected to pay more. Greater efforts at both the local and community level should further be made to educate women about the dangers of alcohol abuse. These recommendations would be helpful in reducing the problem in the community if they are considered.

6.2 Conclusion

Substantial evidence from the literature and findings of this present study indicates that alcoholism negatively affects the health and socio-economic development of people and society. However, to better understand why women abuse alcohol in Sandema, it is imperative to ascertain the complex functional role that alcohol plays in a context where few social alternatives are available to the people.

Sandema is the poorest and one of the most neglected communities in the Upper East region of Ghana. Majority of people in the community are uneducated, poor and are often socially and politically marginalized. Women have it worse in this male dominated culture where complicated land tenure disfavours them in society. It is thus tempting to agree with participants that their drinking behaviour in the community is mainly a reaction to the pains of chronic poverty.

Addressing the problem of alcoholism among women in Sandema thus require the creation of real economic opportunities to promote the social and economic transformation of women in the community. The empowerment of women in the
community will mean a reduction in the severity of poverty and the associated anxieties it puts on the people.

We all have a responsibility to create a society free of alcoholism and prevailing problems. We must therefore as a nation pool our human and material resources together in the pursuit of a sustainable solution to this menace in society. With political commitment and community will, the fight against this growing menace can be won to promote the socio-economic development of women and the society.
References


World Health Organization WHO, (2011).*Global Status report on alcohol and health*
APPENDICES

Appendix I: Thesis Questionnaire

1. Age: [yrs]

2. Educational level: No Formal  □  Primary/JHS  □  SHS Level  □  Tertiary  □

3. Occupation

4. Marital Status: Married  □  Divorced  □  Single  □  Widowed  □

5. Religious Denomination

6. Do you drink alcohol?  Yes  □  No  □
   If yes why? ........................................................................................................

7. Which type of alcoholic beverage do you prefer?
   Guinness  □
   Beer  □
   Akpeteshie  □
   Pito  □
   Others, please specify...........................................................................................

8. Where do you prefer to take this/ these drinks?
   Drinking spot  □  Privately  □  Social gatherings  □

9. How often do you drink?
   Once in a while  □  Always  □
   Others, please specify...........................................................................................

10. Did you ever want a drink so badly that you couldn’t think of anything else?
    Yes  □  No  □
    if yes, under what circumstances do these feelings arise?
    ..............................................................................................................................

11. Have people ever criticized your drinking behaviour?  Yes  □  No  □
If yes, how did you react?.................................................................

12. Have you ever felt bad about your own drinking behaviour?   Yes ☐    No ☐
If yes, do you intend cutting down on your drinking?   Yes ☐    No ☐
If no, why?.................................................................................................

13. Have you ever missed work or lost a job because of drinking?   Yes ☐    No ☐
14. Is someone in your family worried about your drinking? Yes ☐    No ☐
15. Was there ever taboo about women drinking?   Yes ☐    No ☐    Don’t know ☐
16. How will you describe the current trend of women involvement in alcohol abuse? .....................................................................................................................

17. Do you know if alcohol abuse has any effect?
   Yes ☐    No ☐
   If yes, please mention few of them whether beneficial or harmful
........................................................................................................................................
........................................................................................................................................

19. Do you know of any woman in who abuse alcohol?
   Yes ☐    No ☐
How many do you know?
Please state............................................................................................................
Age: Estimated Age [yrs].........................................................................................
Occupation..............................................................................................................
Marital Status.........................................................................................................
Educational level...................................................................................................
Religious Denomination.........................................................................................
Name of place/house where she lives.....................................................................
Appendix II

Data and frequency tables used for in drawing the graphs

Table 3.31: The alcoholic beverage preference among women in Sandema

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akpeteshie</td>
<td>47</td>
<td>48.5</td>
</tr>
<tr>
<td>Guinness</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Pito</td>
<td>41</td>
<td>42.3</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>7.2</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5.3.1: Factors influencing the abuse of alcohol among women in Sandema

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer influence</td>
<td>10</td>
<td>10.3</td>
</tr>
<tr>
<td>Chronic Poverty</td>
<td>67</td>
<td>69.1</td>
</tr>
<tr>
<td>Spousal abuse</td>
<td>16</td>
<td>16.5</td>
</tr>
<tr>
<td>Spiritual influence</td>
<td>4</td>
<td>4.1</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>100.0</td>
</tr>
</tbody>
</table>