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**A REPORT ON THE ASSESSMENT OF THE READINESS OF MEN AND WOMEN TO QUIT ALCOHOL ABUSE  
AND SMOKING AT SAKATA AND CHINAMWALI IN ZOMBA DISTRICT, MALAWI**

**Presented by**

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# **A REPORT ON THE ASSESSMENT OF THE READINESS OF MEN AND WOMEN TO QUIT ALCOHOL ABUSE AND SMOKING IN SAKATA AND CHINAMWALI IN ZOMBA DISTRICT.**

## **1.0 Introduction**

Drug and Substance use continues to be a major public health and socioeconomic problem worldwide. In 2014 the World Health Organisation (WHO) estimated that total worldwide substance use would consist of 2 billion consumers of alcohol, 1.3 billion smokers and 185 million users of other drugs in the near future. The WHO further reports that global burden of disease due to alcohol and illicit drug jointly contributed to 12.4% of all deaths in 2000 and 8.9% of total years of lost life.

In addition to the above, the World Health Organisation statistics of 2019, showed that 2.6 million deaths were caused by alcohol consumption worldwide. The highest levels of alcohol related deaths per 100,000 persons are observed in the WHO European and African Regions with 52.9 deaths and 52.2 deaths per 100,000 people respectively. An estimated 400 million people or 7 % of the world's population aged 15 years and older, lived with alcohol use disorders in 2019 (WHO 2018)

According to the preamble for the National Alcohol Policy of 2017, the Principal Secretary for Malawi's Ministry of Health noted that over the years, there have been increasing cases of harmful alcohol use which in turn has exerted enormous burdens across the health, social and economic systems whose disproportionate costs far outweigh the benefits derived from its production. The nature and magnitude of disease, injury and deaths attributable to alcohol cannot be ignored. Over the years, cases of persons becoming sick and dying as a result of alcohol and related use disorders such as cancer, diabetes, liver, heart disease and road accidents and deaths have been rising. It is not surprising, that alcohol consumption is the third leading global risk factor for disease and injury after child malnutrition and unsafe sex. As a nation, we also acknowledge the escalating wave of social, moral and economic abandon such as gender-based violence, family disruptions, crimes, youth delinquency, child abuse, work-related problems leading to unemployment and reduced workplace productivity (National Alcohol Policy, 2017)

A research study conducted in 2007-2008 by Govere, E. and Parry, C explored the use and abuse of substances in Malawi. This study found out that alcohol is a bigger problem than cannabis (chamba) smoking and that these substances are used more often by men than women.

This study further found out that there is no clear connection between poverty and substance use (Govere, E., & Parry, C (2009).

Looking at the prevalence of alcohol abuse and smoking in Malawi, United Voices for Global Impact (UVGI) in collaboration with Harmony for Families and Communities in June and July 2024 conducted a survey study in Sakata and Chanamwali in Zomba District in Malawi which are rural and urban localities respectively.

The study aimed at assessing the readiness of the people to quit alcohol drinking and stop smoking. The study also did not only identify factors that cause people to start drinking and smoking but also appreciated the challenges and effects that are related to smoking and alcohol drinking and as well as the strategies that can be employed to mitigate the problem.

## **2.0 Study Objectives**

The main purpose of the study was to assess the readiness of the people to quit smoking and alcohol drinking at Sakata and Chanamwali areas in Zomba District.

### **2.1 Specific Objectives**

The specific objectives of the study were:

- i. To explore factors that caused the people to start smoking and alcohol drinking
- ii. To determine how long the people have been drinking or smoking
- iii. To find out what type of smoke or alcohol the people consume
- iv. To assess the effects of smoking and alcohol drinking in their lives
- v. To establish if the people have ever thought of quitting smoking and drinking alcohol
- vi. To identify effective strategies for smoking cessation and quitting alcohol consumption

## **3.0 Methodology**

The study was conducted in Sakata and Chanamwali Township in Traditional Authority Mwambo in Zomba District. The selection of the area was done purposively as Chinamwali and Sakata Townships registers high rates in smoking and alcohol drinking. On the other hand the study aimed at making a comparison of a rural and town set up hence the choice of the two sites. The study employed the qualitative research design. The qualitative approach was suitable for responding to the objectives which enabled the researchers to get the experiences, attitudes, and views on effects of smoking and alcohol drinking. On the other hand the design also helped in gaining understanding of underlying reasons, opinions, and motivations in compelling the people to commence the smoking and alcohol consumption. A sample size of

50 was used. This sample size was arrived at to enable the researchers to have adequate information from those who are in the acts.

The study engaged both purposive and snowball sampling techniques. The purposive sampling ensured that the respondents selected were those indulging in smoking and alcohol abuse, while the snowball method helped to identify the first respondents who met the study's criteria and recommended their fellow smokers and drinkers to be interviewed too. It is believed that people smoke and drink in hiding hence the Snowball sampling is usually used in research studies in which the members of the desired population are difficult to locate and hence the researchers collect data on the few members of the target population at hand, and then asks those individuals to provide information needed to locate other members of the population whom they know.

The study engaged two methods for data collection methods. These included focus group discussion and face to face interviews with open ended questions through an interview questionnaire. The focus group was used as a way of generating views and meanings that lied between those views in a collective way. The choice of the interviews was to elicit the interviewee's knowledge or perspective on the topic as well as to get valid information from the participants' experiences.

#### **4.0 Data Analysis**

The study used content analysis to analyze the data. The method was chosen because it helped to manually categorizing written data for the purpose of coding, classification, summarization and tabulation. In content data analysis, the data is broken down and grouped based on research objectives. This approach produced an insightful analysis that answered the research objectives. Finally, an excel computer package was used to arrange the extracted qualitative data to ensure consistence in the analysis and in the production of charts and graphs.

#### **5.0 Study Findings and Interpretation**

The first section to be analyzed was the socio-demographic background. This included the sex, age, marital status, education levels and occupation of the respondents. Then thereafter the number of respondents who smoke, drink or do both, how long the respondents have been drinking or smoking, frequency of smoking and drinking, type of alcohol taken or cigarettes smoked, number of cigarettes or alcohol consumed per session, factors that prompted the respondents to start smoking or drinking alcohol, challenges and effects of both smoking and

drinking, the number of respondents who were willing to stop both drinking and smoke as well as the strategies that can be followed to achieve the cessation were analyzed.

Below is the summary of the study findings.

### 5.1 Sex of Respondents

After data analysis it was found that 45 of the respondents were males while 5 were females representing 90 % and 10 % respectively. This means that the majority of the respondents were males. This observation is like this because in Malawi drinking and smoking has a gender connotation which is largely associated with males.

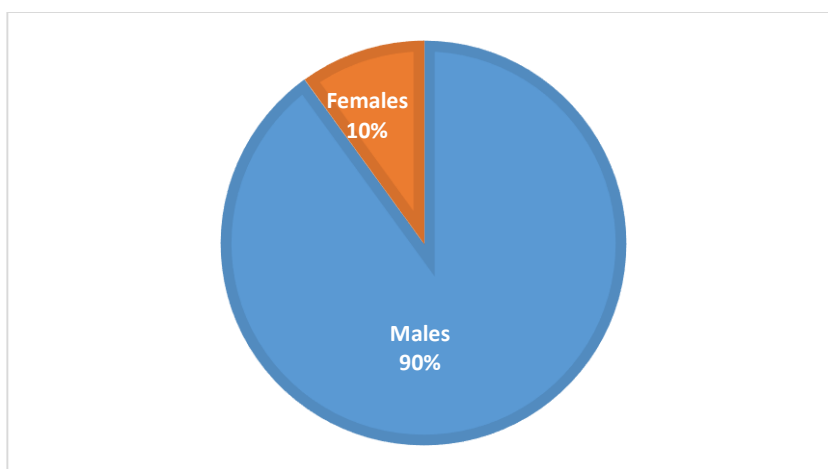
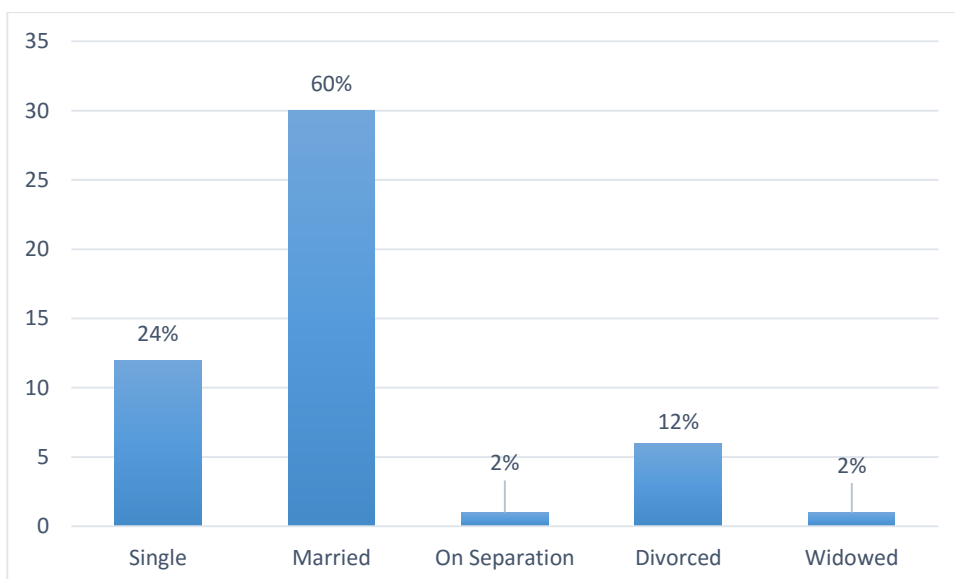


Chart 1: A pie chart showing the sex of the respondents

### 5.2 Marital Status of the Respondents

The study showed that 60% of the respondents were married, 24% of the respondents were single, 12 % were divorced, 2% were on separation while another 2 % were widowed.



Graph 1: A bar graph showing the marital status of the respondents

The results indicates that the majority of the respondents were married followed by those who were single.

### 5.3 Age of Respondents

In a quest to establish the age ranges of the respondents and how it could affect the findings of the research, age of the respondents was collected. From the study 6 % of the respondents were aged 15 and 19 years, 32 % were between 20 and 29, 34 % of the respondents were aged between 30 and 39, 10 % was in the 40 and 49 range, 8 % were aged between 50 and 59, 3% were those in the age bracket of 60 and 69 whilst those aged 70 and above were 4 %. The age summary of the respondents are presented in the table below.

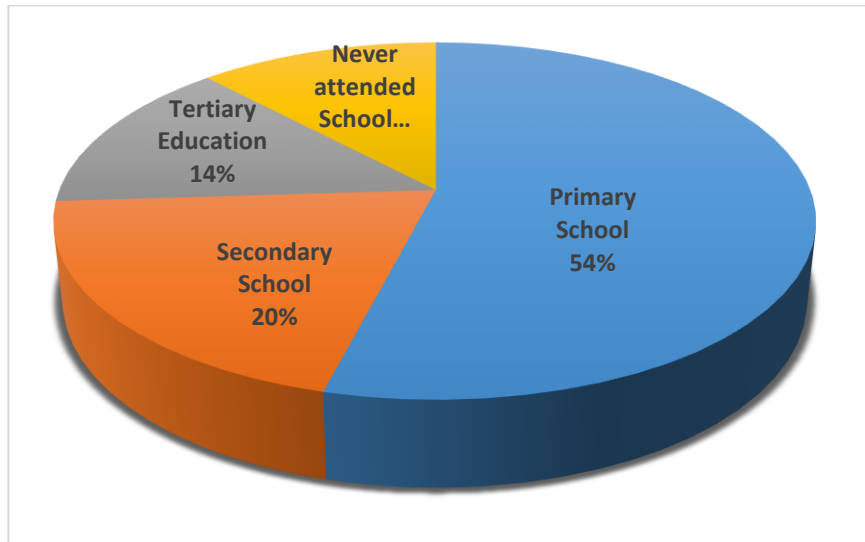
<b>Age range</b>	<b>Frequency</b>	<b>Percentage</b>
15-19	3	6
20-29	16	32
30 -39	17	34
40-49	5	10
50 -59	4	8
60-69	3	6
70 Above	2	4
<b>Total</b>	<b>50</b>	<b>100</b>

**Table 1: A table showing the age range of the respondents**

After analysis it shows that majority of the respondents were aged between 30 and 39 followed by those who were aged between 20 and 29.

### 5.4 Education background of the respondents

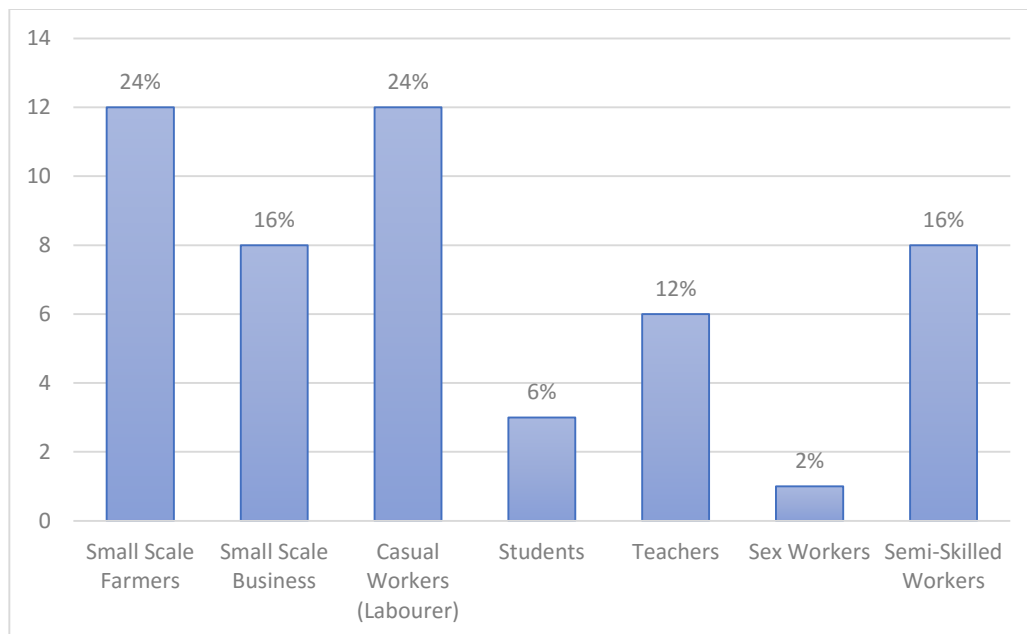
On educational background, the study shows that 54% of the respondents attended primary school, 20% reported that they attended secondary school education while 14% attended tertiary education and 12% never attended school. This shows that the majority of the respondents attended primary school education.



**Chart 2: A pie chart showing educational background of the respondents**

### 5.5 Occupation of the respondents

The study shows that by occupation, 24 % of the respondents were small scale farmers, 16 % were small scale business persons, another 24 % of the respondents were casual workers, 6 % were students pursuing different academic programs at tertiary level, 12 % were teachers, 2 % were commercial sex workers and the remaining 16 % were semi-skilled workers working as builders carpenters, plumbers and tailors.



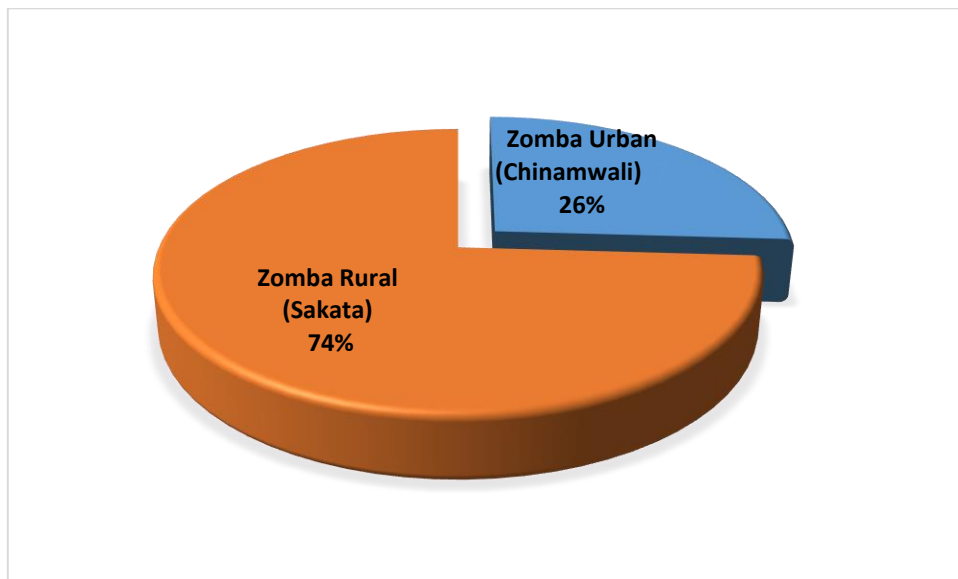
**Graph 2: A bar graph showing the occupation of the respondents**

The occupation result shows that the majority of the respondents were small scale farmers and small scale business persons



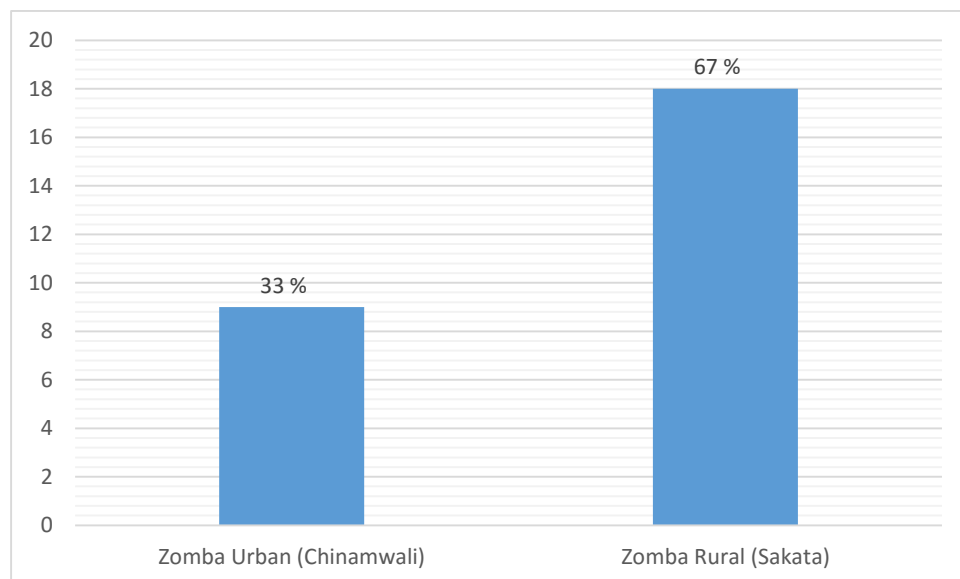
**5.6.1 A comparison of the number of respondents who smoke from Zomba rural and Zomba urban**

The analysis of the results shows that Zomba rural Sakata to be specific has a higher number of respondents 74 % who smoke than 26 % from Zomba urban, Chinamwali Township to be exact. These results indicate that Zomba rural has more number of respondents who smoke. This may be attributed to the fact that most of the people in Sakata have low levels of education as most of them ended at primary school which may cause them to have low understanding and less knowledge of the dangers of smoking.



**Chart 3: A pie chart showing a comparison of those who smoke from Zomba urban and Zomba rural**

**5.6.2 A comparison of the number of respondents who abuse alcohol from Zomba rural and Zomba urban**

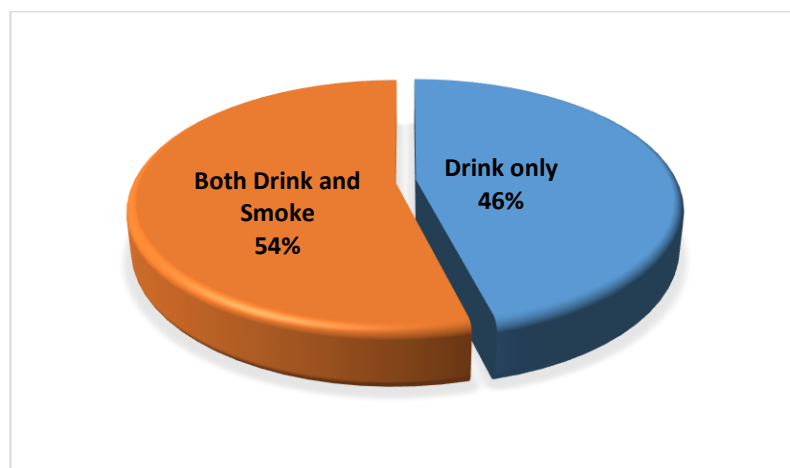


**Graph 3: A pie chart showing a comparison of those who drink alcohol from Zomba urban and Zomba rural**

After analysing the data obtained from the study, it has been established that Zomba rural (Sakata) has a higher percentage of respondents who drink alcohol than Zomba urban (Chinamwali Township). Sakata has 67 % while Chinamwali has 33 % of the respondents. These results may be so because Chinamwali being an urban area, has many skilled and semi-skilled residents who go and work every day hence have less time to engage in alcohol drinking.

### **5.7 Number of respondents who smoke only, drink only or do both**

The results of the study shows that 54 % of the respondents were both smokers and alcohol drinkers while the remaining 46 % were alcohol drinkers only. This means that most people that smoke also do drink alcohol.



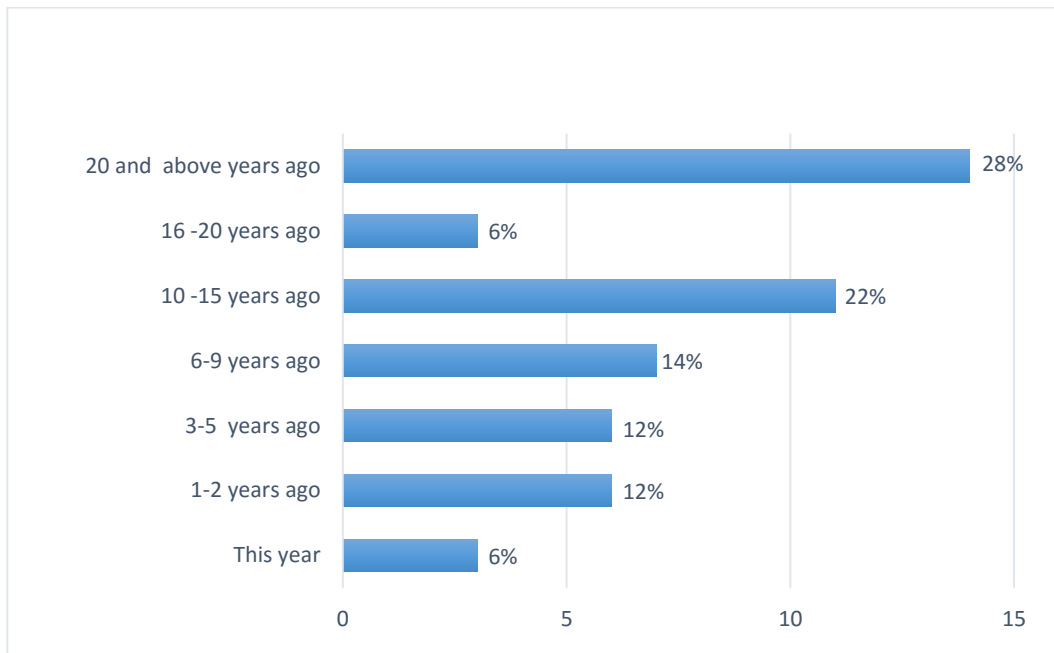
**Chart 4: A pie chart showing the number of respondents who drink only and both drink and smoke.**

In addition to the above results, 27 of the respondents out of the 50 reported to be smokers. This represented 54% of the total sample size. This also shows that the majority of the respondents were smokers.

This observation may be attributed to the fact that cigarettes are cheaper to access as compared to alcohol

### **5.8 Duration of the respondents in drinking or smoking**

The results of the study shows that 28% of the respondents have been drinking or smoking for over 20 years, 6% responded that they have been drinking or smoking between 16 and 20 years. 22 % of those interviewed revealed that they have been drinking or smoking for a period of between 10 and 15 years, 14 % said they have been drinking or smoking between 6 and 9 years, while 12 % of the respondents reported to have started smoking or drinking between 3 to 5 years ago, 12% started a year or 2 years ago and only 6 % reported to have started within the very same year of study.

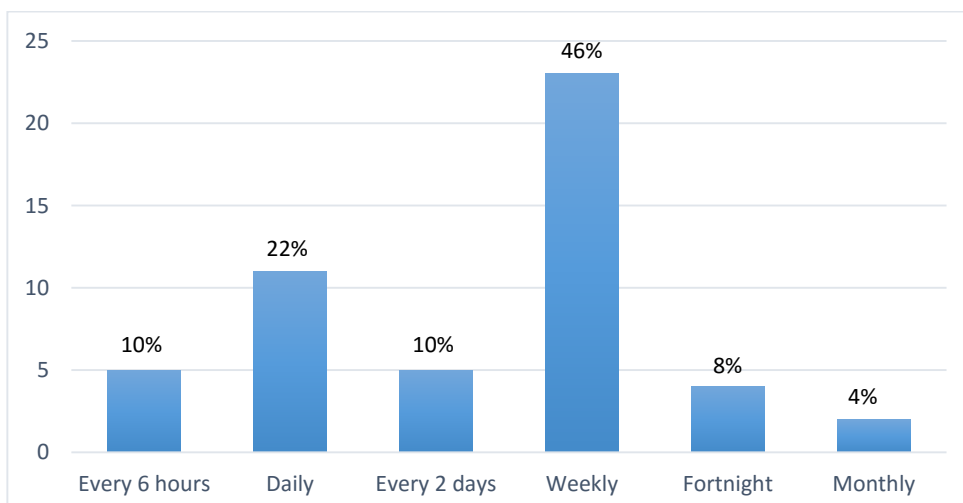


**Graph 4: A bar graph showing the number of years the respondents have been drinking or smoking**

This means that majority of the respondents have been drinking and smoking for over 20 years and only a few are the new comers in the smoking and alcohol arena.

### 5.9.1 The respondents' frequency on drinking

In a quest to determine how much alcohol is consumed, the respondents were asked how frequent they drink alcohol and the results of the study has shown that 46 % of the respondents drink every week, followed by 22 % who drink every day. 10 % of the respondents also reported that they drink every six hours, another 10 % also said that they drink every two days while 8 % drink every two weeks and 4 % drink once every month. This shows that a greater of the respondents drink weekly followed by those who drink daily

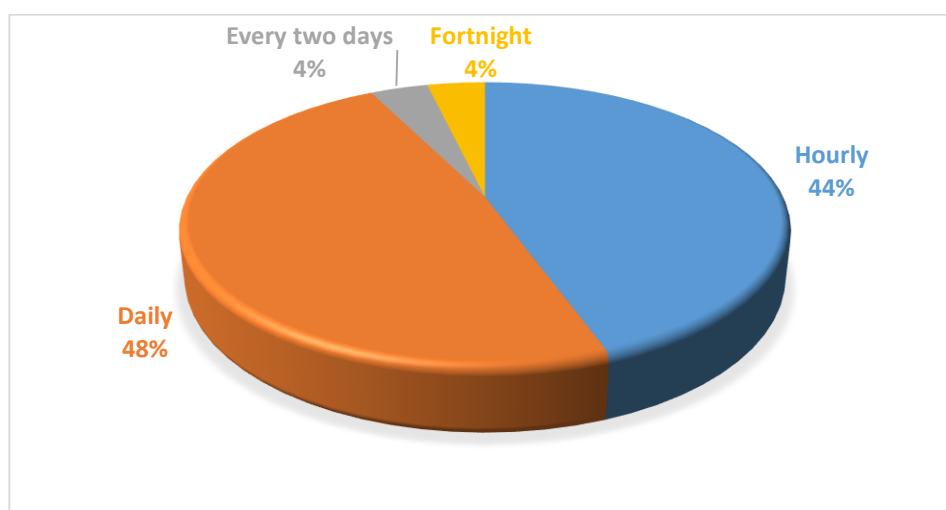


**Graph 5: A bar graph showing how often the respondents drink alcohol**

The results above shows that a majority of the respondents drink weekly followed by those who drink daily. This statistics indicates that indeed alcohol drinking is a big thing in the two localities of Chinamwali and Sakata

### 5.9.2 The respondents' frequency on smoking

In order to determine how prevalent smoking is, the respondents were also asked how often they smoke and the study has found out that 44 % of the respondents smoke every hour, 48 % of them smoke daily, while those that smoke after every two days and per fortnight were 4 % respectively. The results shows that most of the smoking respondents, smoke once a day, followed by those who smoke every hour.

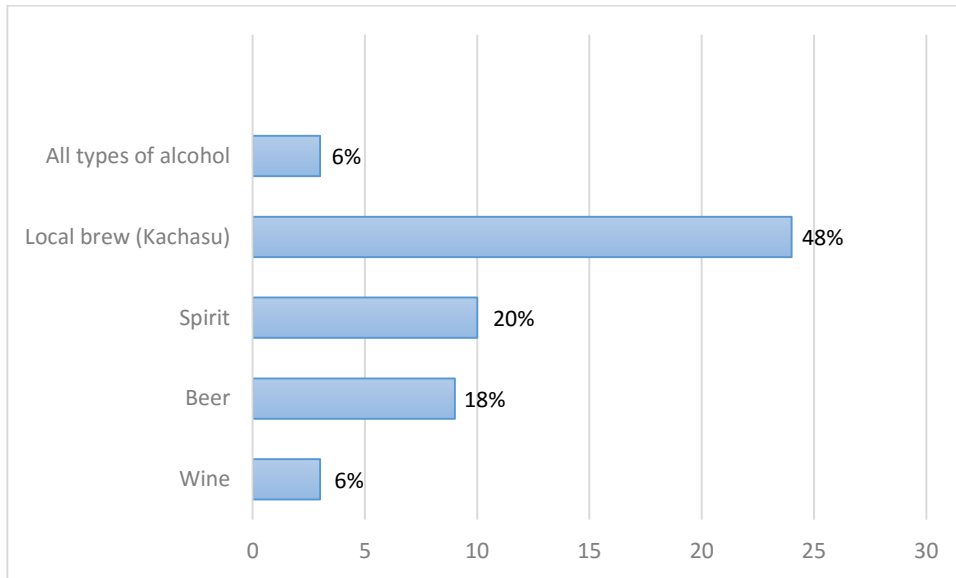


**Chart 5: A pie chart showing how often respondents smoke**

The above statistics reveals that smoking is a prevent challenge in the two study areas as the majority of the respondents smoke daily and every hour.

### 5.10.1 Type of alcohol drunk by the respondents

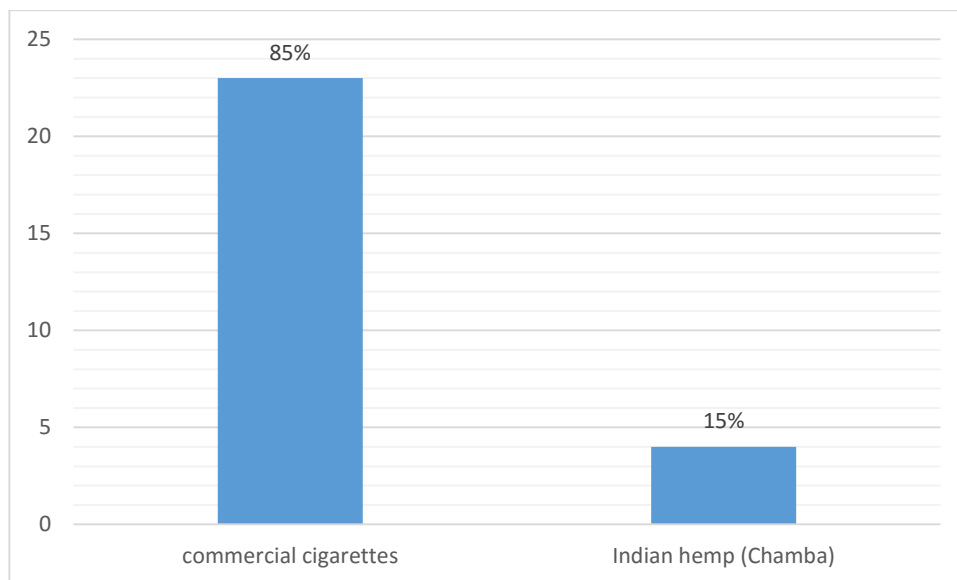
Following the analysis of the study data, 48 % of the respondents reported that they drink the locally brewed kachasu, 20% drink spirits, 18% drink malted beer, while 6 % drink wine and another 6% of the respondents drink all the four types of alcohol mentioned above.



**Graph 6: A bar graph showing types of alcohol drunk by the respondents**

### 5.10.2 Type of cigarettes smoked by the respondents

The study also tried to understand the type of cigarettes that the respondents smoke and the respondents were asked “what do you smoke?” From this question, it has been found that 85 % of the respondents smoke commercially processed cigarettes while 15 % smoke Indian hemp (cannabis) locally known as “chamba” or “ganja”



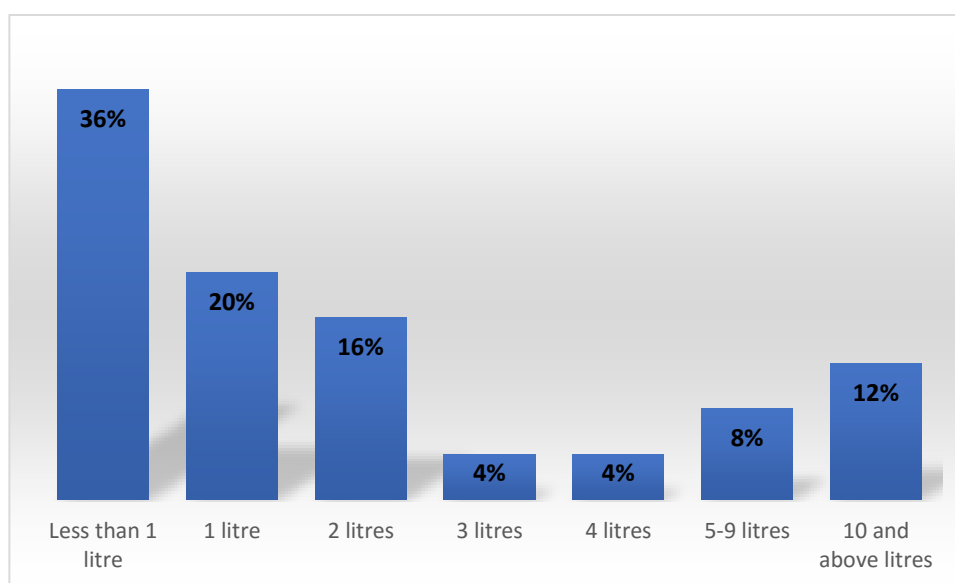
**Graph 7: A bar graph showing the type of smoke smoked by the respondents**

From the above analysis, it can be seen that majority of the smokers smoke the commercially processed cigarettes and only a few reported to have been smoking Indian hemp. On the other hand, it must be appreciated that possession of Indian hemp in

Malawian laws is illegal and hence it may be due to this legal aspect that we can few Indian hemp smokers coming out in the open.

### 5.11.1 Quantity of alcohol taken per session

From the analysis of the study data, it has been established that 36% of the respondents drink less than a litre per one session. This is the case to those who drink the locally brewed kachasu which is usually packed and sold in 750 ml bottles called “velemoti”. 20% of the respondents are quenched with one litre, 16 % of those interviewed drink two litres, 4 % drink three litres while another 4 % is for those who drink four litres. Between five and nine litres of alcohol are drunk per one drinking session by 8 % of the respondents and 12 % represents those respondents that drink ten bottles of beers and above.



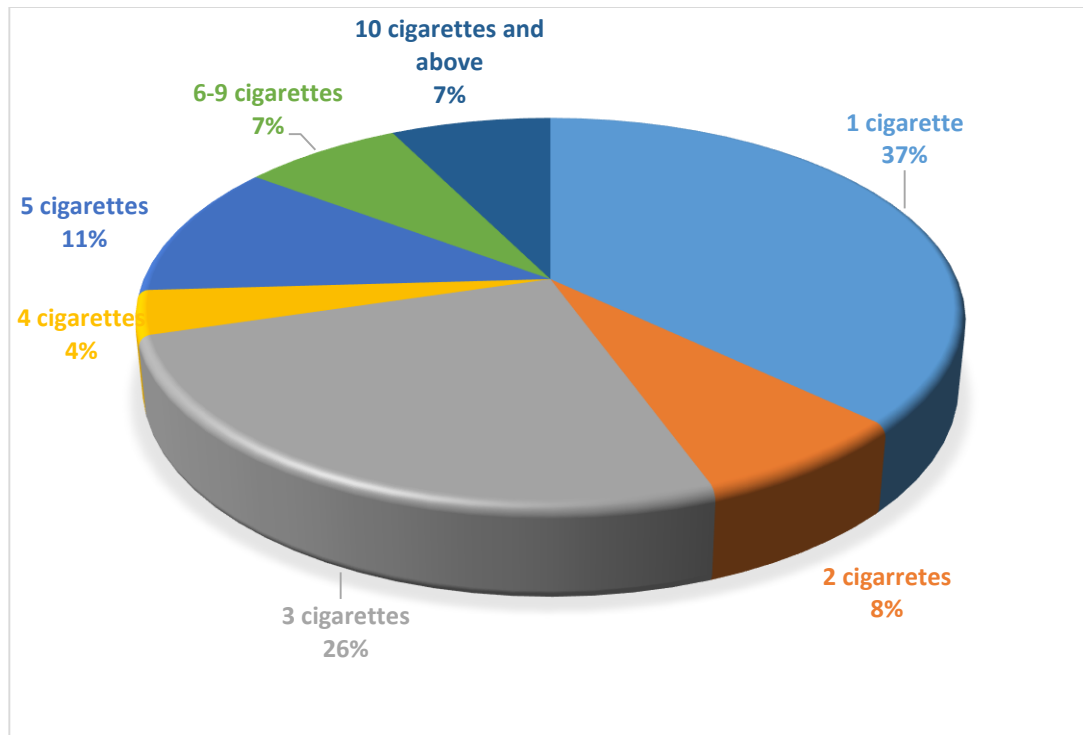
**Graph 8: A bar graph showing the quantity of alcohol consumed by respondents per session**

The results given above indicates that a simple majority of the respondents consume less than one litre. This is the case with the locally distilled Kachasu. Since this kind of alcohol is very strong and concentrated the majority of the respondents just consume it in less quantity. On the contrary, those respondents who drink malted beer such as “Chibuku” indicated that they consume more quantity between 5-10 litres in one session.

### 5.11.2 Number of cigarettes smoked by the respondents per day

In order to understand how serious smoking is in the two locations, respondents were asked to mention how many cigarettes they smoke in one session. After analysis, the study established that 37 % of the respondents just smoke one cigarette, 8 % smoke two cigarettes, 26 % smoke three cigarettes while 4% of the respondents smoke four cigarettes, 11 % smoke 5 cigarettes, 7 % smoke between six and seven cigarettes and another 7 %

smoke 10 cigarettes and above. The statistics show that the majority of the respondents only smoke one cigarette.



**Chart 6: A pie chart showing the number of cigarettes smoked by respondents per session**

### 5.12 Causes of smoking and alcohol drinking

After deep content analysis from the respondents' responses, the study has found that the causes of smoking and alcohol abuse are multiple and below were the reasons that prompted the respondents to start either drinking or smoking.

- i. Peer influence
- ii. Social acceptance
- iii. Solution for stress, frustration and disappointments
- iv. Personal choice
- v. Curiosity
- vi. Social learning from parents, guardians and close relationships
- vii. Physical availability of cigarettes and alcohol within reach

One of the respondents revealed that he started smoking because at his house there was a family shop in which among other commodities they were selling cigarettes. *“Since the cigarettes were within reached and readily available, I would just take one cigarette and go somewhere private to smoke”*.

### 5.13 Challenges encountered due to smoking and drinking

Both the focus group participants and the questionnaire respondents were asked to share challenges, problems or negative outcomes they encounter due to their smoking and drinking and below is the summary of their responses.

#### **i. Health challenges**

It was reported that many smokers experience coughing, headache, dizziness and mental disorders, breathing difficulties while headache, stomach-ache, liver problems were pointed out as challenges from alcohol abuse.

Accidents and injuries were also mentioned as a negative effect of both smoking and alcohol abuse emanating from impaired judgement and poor decision making due to intoxication.

Some male respondents mentioned sexual transmitted infections as one problem associated with alcohol abuse. The focus group participants echoed that in many drinking places there are female sex workers who offer their bodies for money. Due to intoxication there is gross misjudgement and high poor decision making which increase chances of unprotected sex which consequently leads to sexual transmitted infections including Human Immuno-deficiency Virus (HIV).

#### **ii. Financial challenges**

Both the interview respondents and focus group participants pointed out that those that both smoke and abuse alcohol experience financial hardships as they spend money meant for their basic needs on alcohol and cigarettes which leads to high demand for money. This consequently leads to financial mismanagement and high levels of personal debts.

One of the focus group participant stressed that: *“The problem with people who drink is that whenever they get money, the first thing they think is how many bottles of alcohol will that money buy. This leaves the household destitute of basic needs”*

#### **iii. Marital challenges**

The married respondents pointed out that there are marital challenges that comes from both smoking and drinking alcohol including quarrels and complaints from the spouses emanating from smells to due to smoking and alcohol. One of the focus group participant, remarked, *“that many family quarrels and divorces are a result of prioritizing alcohol drinking over provision of basic necessities as most of the financial resources are channelled towards alcohol abuse and smoking.”*



The focus group participants also pointed out infidelity as one negative effect of alcohol abuse. Due to the presence of sex workers at drinking places, both men and women who get drunk and get intoxicated they are at high risk of indulging in sexual immorality leading to marriage breakdowns, separations and divorces.

**iv. Social and interpersonal challenges**

The respondents narrated that both Indian hemp smoking and alcohol abuse cause misunderstandings, conflicts and violence such as fighting, destruction of property and materials.

Some respondents mentioned loss of valuable properties as one problem associated with drinking alcohol. One of the respondent narrated that once intoxicated he blackens out and he doesn't know what is happening around him. *"I sometimes sleep along the road or at the drinking place and when I wake up, I usually find out that my mobile phone and money are gone. I don't know how many times I have replaced my phone"*.

**v. Work and school related challenges**

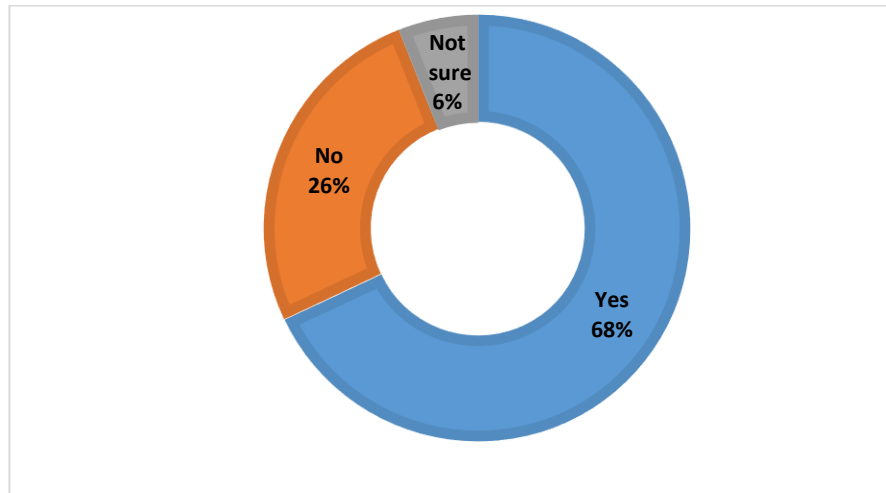
The respondents and participants of the focus group discussion also highlighted that alcohol abuse lead to low work and academic performances due to hang over, absenteeism and health related problems which in the long run also lead to loss of jobs, dwindling of business and expulsion from learning institutions

**vi. Physiological challenges**

Hang over, shivering, general body weakness and fatigue were also explained as some of the negative consequences of both smoking and alcohol drinking

**5.14 Thoughts of quitting alcohol consumption and stopping smoking**

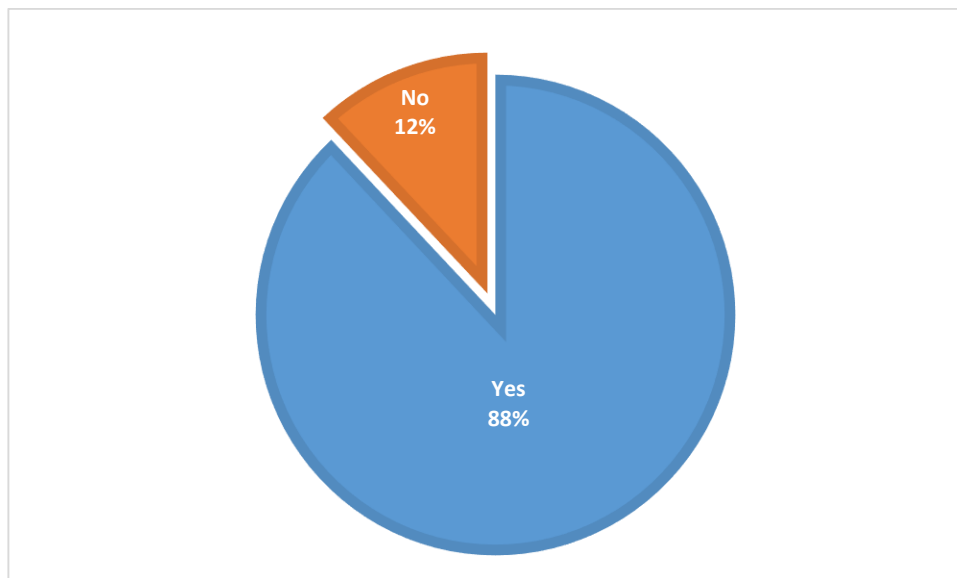
In order to check the willingness of the respondents to quit alcohol abuse and smoking, the respondents were asked if they ever had thoughts of stopping smoking or quitting abusing alcohol. 68% of the respondents answered yes, 6% were not sure while 26 % said no. This shows that the majority of those interviewed showed great interest to quit drinking and smoking but they don't know how to operationalize their thought.



**Chart 7: A pie chart showing the number of respondents who had thoughts of quitting smoking and drinking**

**5.15 Willingness of the respondents to join any program or project that help to quit smoking and drinking**

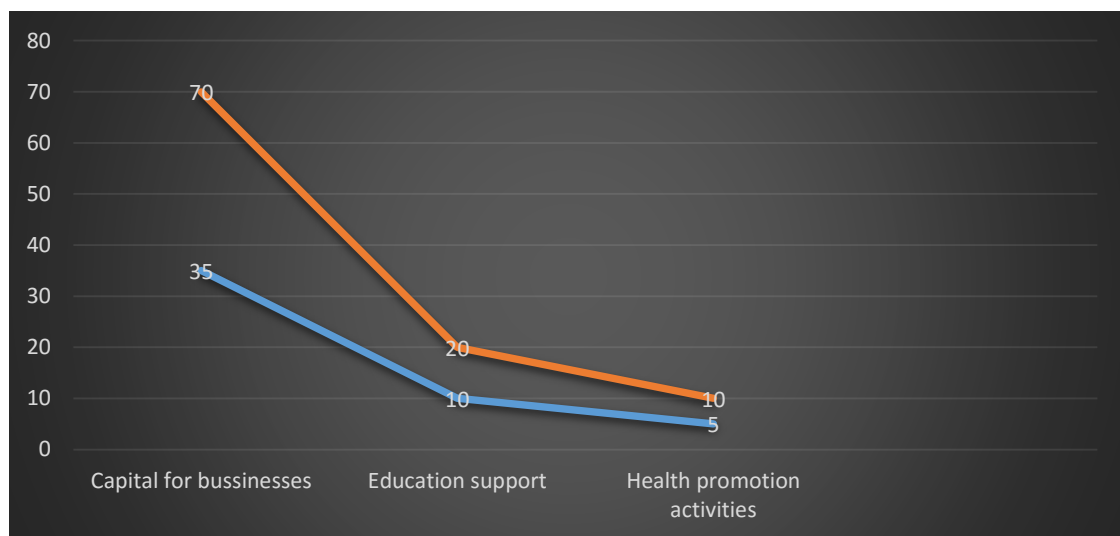
When the respondents were asked about their willingness to join any program that may assist them to stop smoking and quit alcohol abuse, 88 % were very eager to join such a program whilst 12 % of those interviewed said “no”. Hence the results show that the majority of the respondents were willing to stop drinking and smoking



**Chart 8: A pie chart showing the number of respondents who are ready to join any program or project that may assist them to quit smoking and alcohol abuse**

### 5. 16 Strategies for smoking and alcohol abuse cessation

The respondents were asked on what they can do as well as what can be done for them in order to stop both smoking and abusing alcohol. After analysing the content data the study has established that almost 70% of respondents cited the need of business capital in order for them to engage in full time businesses so they do not have time for smoking and drinking, while 25% of the respondents mentioned health education campaigns to civic educate them on the dangers, effects and harmful consequences of smoking and drinking. 15% of the respondents pointed out educational support to those who dropped out of school due to lack of school fees and other educational resources, so as to reduce the idle time.



**Graph 9: A line graph showing some strategies that can be used to enhance quitting of smoking and alcoholism among respondents**

## **6.0 Recommendations for Project Design and Implementation**

Upon thorough analysis of the data, the following points have been isolated for possible project design and implementation not only in Zomba District but also Malawi as a whole so as to reduce and combat alcohol abuse and smoking:

- i. Implementing a project in both primary and secondary schools to civic educate the learners on the dangers of alcohol abuse and smoking and equip them with skills on how to resist alcohol and substance abuse.
- ii. Collaborating with government ministries, departments and agencies, civil society organizations, the private sector and other stakeholders in the fight against alcohol, substance and drug abuse.
- iii. Construction of sports centres where the youth and the adults may go and get involved in various sporting activities to occupy them with the same instead of spending the whole day and weekends drinking and smoking.
- iv. Encouraging and motivating school going youths not only to remain in school until they complete their education cycle but also to work hard and perform better
- v. Establishment of a loan revolving fund to provide start-up capital to those who were alcohol abusers to get settled and start business to occupy them
- vi. Conducting health education campaigns to sensitize the communities on the dangers, negative impacts and harmful consequences of alcohol abuse and smoking

## Appendix

### Reference

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## Activity Time Frame

Activity	June 2024				July 2024			
	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Development of the questionnaire								
Translation of the consent form								
Printing of questionnaires and consent forms								
Designing and Printing of T-shirts and Golf-shirts								
Conduction of survey study at Sakata								
Conduction of survey study at Chinamwali								
Conduction of Focus Group Discussion								
Data Analysis								
Compilation of the Study Report								
Submission of the Study Report								

## Questionnaire



### ALCOHOL AND SMOKING QUESTIONNAIRE

*United Voice for Global Impact in collaboration with Harmony for Families and Communities are carrying out data collection on drug and substance abuse in Zomba. You are being asked to participate in this survey because you are eligible to provide information, your responses are entirely voluntary, and you may refuse to complete any part or all of this survey. This survey is designed to be anonymous. The information obtained from your participation will help in the implementation of drug and substance abuse projects in Zomba.*

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#### A. BIODATA

Tick one which is appropriate

Sex      Male                       Female                       Other

#### Marital Status

Single:       Married       On Separation       Divorced       Widowed

#### Age

15-19      20-29      30-39      40-49      50-59      60-69      70 and above  
                                   

#### Educational Level

Primary       Secondary School       Tertiary       Never attended school

B. 1. Do you smoke or drink?

Don't smoke       Smoke only       Drink Only       Both

*If the respondent smokes only, go to question 15 but if he or she drinks only or both go to question 2*

**DRINKING SECTION**

2. When did you start drinking alcohol?

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3. How often do you drink alcohol?

Every 6 hours       Daily       Every two days

Weekly       Fortnight       Monthly

4. What type of alcohol do you drink?

Wine       spirits       beer       local brew (kachasu)

5. How much alcohol do you drink per sitting?

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6. What made you to start drinking alcohol?

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7. What are some of the challenges that you face due to drinking alcohol?

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8. Do you have morning shakes or shivers after drinking alcohol the previous night or day?

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9. Have you ever thought of stopping drinking alcohol?

Yes  No  Not sure

10. If yes, what are some of the steps that you have taken to achieve this goal of quitting?

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11. Is there anything that restrains you from quitting drinking alcohol?

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12. Do you think you need assistance or help to quit drinking alcohol?

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13. Have any relatives, friends, or community health workers been concerned with your drinking habits? If yes, what actions did you take?

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14. If there is a program that helps people to stop drink alcohol, would you like to join?

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**SMOKING SECTION**

15. When did you start smoking?

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16. What made you start smoking?

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17. What do you smoke?

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18. How often do you smoke?

Every hour

Once a Day

Every two days

Weekly

Fortnight

Once a month

19. How many cigarettes do you smoke in one sitting?

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20. What are some of the challenges that you face due to smoking?

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21. How do you feel after smoking?

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22. Have you ever thought of stopping smoking?

Yes  No  Not sure

23. If yes, what are some of the steps that you have taken to achieve this goal of quitting?

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24. Is there anything that restrains you from quitting smoking?

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25. Do you think you need assistance or help to quit smoking?

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26. Have any relatives, friends, or community health workers been concerned with your smoking habits? If yes, what actions did you take?

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27. If there is a program that helps people to stop smoking, would you like to join?

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**END OF QUESTIONNAIRE!**

**THANK YOU SO MUCH FOR SPARING YOUR TIME TO RESPOND TO THIS**

## Consent Form (English)



### Personal Release/Consent Form

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged. I, the undersigned, hereby grant permission to United Voices For Global Impact and its affiliates (hereafter referred as team members) to photograph me and to record my voice, performances, poses, acts, plays and appearance, and use my picture, photograph, silhouette and other reductions of my physical likeness, sound and my story as part of the ongoing efforts to fulfill the mission of UVGI of empowering communities and transforming lives and the unlimited distribution, advertising, promotion, exhibition and exploitation of the Picture by any method or device and using social media platforms or other media outlets now known or hereafter devised in which the same may be used and/or incorporated and/or exhibited and/or exploited.

I understand that these photographs may be used for promotional, advertising, educational, and other purposes deemed appropriate by United Voices for Global Impact. Further understand that my likeness may be combined with other images, text, graphics, film, audio, audio visual works, and may be edited or modified.

I waive any right to royalties or other compensation arising from or related to the use of the photographs. I also waive any right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I agree that I will not assert or maintain against you, your successors, assignees, licensees and affiliates, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to, those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any other reason in connection with your authorized use of my physical likeness and sound in the Picture as herein provided. I hereby release you, your successors, assignees, and licensees, and each of them, from and against any and all claims, liabilities, demands, actions, causes of action(s), costs and expenses whatsoever, at law or in equity, known or unknown anticipated or unanticipated, which I ever had, now have, or may, shall or hereafter have by reason, matter, cause or thing arising out of your use as herein provided.

I hereby release, discharge, and agree to hold harmless United Voices For Global Impact, its representatives, and assigns from any and all claims, demands, or causes of action that I may have by reason of this authorization or use of the photographs.

This consent is given in perpetuity and does not require prior notice for use.

I have read the forgoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release.

By signing below, I acknowledge that I have read and understood this consent form and that I agree to its terms.

---

Signature of Subject

Printed Name of Subject:

Age:

Date:

## Consent Form (Chichewa)



### Kalata yopereka chilolezo

Nditatha kuyang'anitsitsa, Ine amene ndasaini pansipa, ndikuvomera komanso kupereka chilolezo ku Bungwe la United Voices For Global Impact (UVGI) ndi mabungwe ena amene ali nawo pamgwirizano, choti atha kundijambule chithunzi, mawu, vidiyo komanso nkhani yanga kuti zitha kugwiritsidwa ntchito pokwaniritsa zolinga za bungwe la United United For Global Impact zopereka mphamvu kwa anthu komanso kusintha miyoyo yawo. Zinthuzi zitha kugawidwa, kulengezedwa, kuilidwa pa chionetsero kapena kugwiritsidwa mu njira ili yonse kapena m'makina komanso m'masamba a mchezo zomwe zilipo nthawi ino kapena mtsogolomu.

Ndikumvetsetsa kuti zinthuzi zitha kugwiritsidwa ntchito yopititsira patsogolo zinthu, kulengezetsera, kuphunzitsira komanso ndi zolinga zina zabwino mmaso mwa Bungwe la United Voices For Global Impact. Kuwonjezera apo, chinthuzi changa chitha kuphatikizidwa ndi zithunzi zina, zolembedwa, zojambula, za mu vidiyo, zomvera ndi kuonera komwe komanso zitha kukonzedwanso.

Ndikuchotsa ufulu wanga wopeza ndalama komanso chipepeso chochokera kapena chokhudzidwa ndi kugwiritsa ntchito zinthuzi zanga. Ndikuchotsanso ufulu wanga woyang'anitsitsa komanso kuvomereza chithunzi cholembedwa kapena kuilidwa mmakina pomwe pali nkhope yanga.

Ndikuvomera kuti sindidzasumira kapena kutsutsana nanu kapena anthu omwe adzagwire ntchito mopitiriza inu mutachoka kapena anthu amene mudzawatume kapena anthu omwe mudzawapatse chilolezo kapena mabugwe omwe amagwire nanu ntchito kapena kufuna kapena kuitanitsa chili chonse molingana ndi mmene zingakhalire kuphatikizapo kusasungilidwa chinsinsi, ufulu wowulutsa zinthu kapena ma ufulu ena, kapena pachifukwa chili chonse chokhudzana ndi kuvomereza kwanga koti mugwiritsa ntchito zinthuzi ndi mawu anga.

Ndikulengeza kuti inu kapena anthu omwe adzagwire ntchito mopitiriza inu mutachoka kapena anthu amene mudzawatume kapena anthu omwe mudzawapatse chilolezo kapena mabugwe omwe amagwira nanu ntchito limodzi kuti musadzalipile kapena kuimbidwa mlandu chifukwa chogwiritsa ntchito zinthuzi ndi mawu anga.

Ndikulengeza, kumasula ndi kuvomereza kusabweretsa choipa ku Bungwe la United Voices For Global Impact, owayimilira awo kapena anthu wotumidwa kuchokera ku milandu kapena kulipira chifukwa cha chilolezo ichi kapena kugwiritsa ntchito zinthuzi zanga.

Chilolezo ichi chikuperekedwa mopitirira ndipo sichikusowanso kundidziwitsa mwapadera.

Ndawerenga zonse ndipo ndamvetsetsa matanthauzo ndi zotsatira zake ndipo zikuyenera kutsatidwa mwamalamulo. Ndasainira chilolezochi.

Posainira pansipa, ndikuvomereza kuti ndawerenga ndikumvetsa chilolezochi ndipo ndikugwirizana ndi mfundo zonse zomwe zili mmenemu

Ngati munthuyo ndi mwana (wosakwana zaka 18)

Ngati kholo kapena womuyang'anira \_\_\_\_\_, Ndikuvomereza zonse zomwe zalembedwa m'mwambamu mmalo mwa mwanayi ndipo ndikutsimikiza kuti ndili ndi ufulu mwalamulo wopereka chilolezo chimenechi.

**Ine:** \_\_\_\_\_

**Zaka:** \_\_\_\_\_

**Tsiku:** \_\_\_\_\_

**Kusaina**

## Field Trip Pictures



**Patrick and Brown on their way to the field to conduct the interviews**



**In the field, the Malawian UVGI Team: From left: Brown, John, Sheriff and Patrick**





**Some of the focus group participants from Sakata pose for a picture**



**Some of the focus group participants at Chinamwali**



**Some of the interview respondents**



**Face to face interview with a female respondent**



The inside of one of the bars at Sakata Trading Centre



Patrick asking questions to a male respondent at one of the drinking places



**Brown during the face to face interviews**



**One of the assistant data collectors Sheriff, writing responses from a female respondent**



**One of the elderly participant during the interviews**



**One of the assistant data collectors, John collecting questionnaires**



**Group photo after the focus group discussion**



**The local distillery for the local brew “Kachasu”**



**The local distillation apparatus for distilling “Kachasu”**



**One of the female distillers (seller) pose with her distillation apparatus, in the pots there is “Kachasu”**



**The field crew at the filed. From left: Patrick, Brown, Sheriff and John**



**UVGI –Malawian Team pose for photo showing the motto for UVGI**