

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.