

# Perceptions of alcohol use in Moshi, Tanzania

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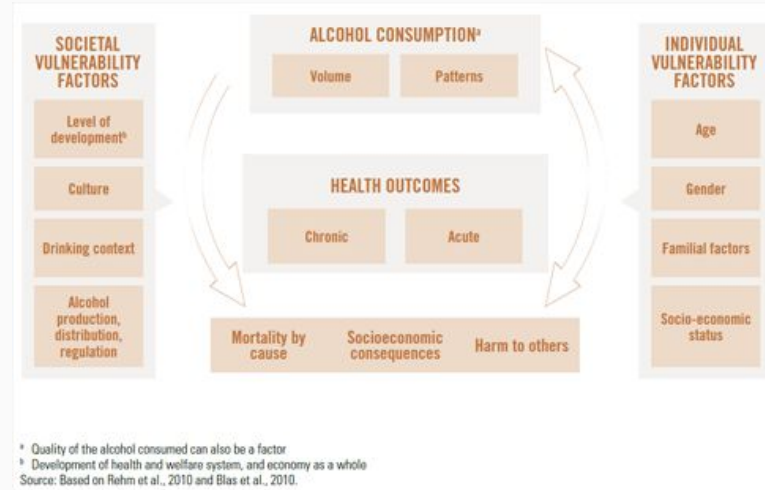


# Background

- In eastern sub-Saharan Africa, the percentage of **alcohol-related deaths** has **increased** by over 40% in the past 20 years
- Specifically in Tanzania, alcohol has been shown to be a **risk factor** for a variety of medical conditions including **road-traffic injuries, cirrhosis, hypertension, and HIV**.
- The Kilimanjaro region of Tanzania (Moshi), has **high rates of alcohol consumption** compared to other regions in Tanzania - 7.7% in women to 22.8% in men compared to 1.9% in women and 9.3% in men nationally

# Aims

Analyze the cultural, societal and individual factors related to alcohol use in Moshi, Tanzania.



# Methods

- **Setting**

- Moshi is a city in the Kilimanjaro region of Northern Tanzania with a population of 143,799 and home to Kilimanjaro Christian Medical Center (KCMC), the third largest hospital in the country and the referral hospital for northwestern Tanzania
- Prior literature supports that the Moshi population, specifically youth and bar workers, have high proportions of alcohol use disorders.

- **Study design**

- Qualitative study based on the grounded theory model.

# Methods

- **Population and sample**

- 40 acute injury patients seeking care at KCMC Emergency Department
- 50 family members
- 15 community advisory board members
- Enrolled and interviewed by trained research nurses

# Methods

- **Focus groups**

- 5 to 10 participants per group
- 40 to 60 minutes of duration
- Facilitated by research nurses in native language (Swahili)
- Audiotaped, transcribed and translated for analysis
- Iterative process for transcription, quality assessment, analysis and next sessions
- Data collection performed until saturation

# Methods

- **Data analysis**

- Inductive thematic content analysis
  - Based on prior categories based on the WHO model
- Two independent coders
- Validation by cross-validation and discussion with the Tanzanian group

# Results - Individual vulnerability factors

## Individual Vulnerability Factors

- age
- gender
- parenting practices
- profession
- religion
- alcohol for nutrition

“I see the **availability of alcohol is very easy** ... because this age group they are working but also most of them are **working difficult jobs**, is the type of job ... and in order **to do these job they must drink alcohol** which can make them active because it is the type of job which **needs more energy to do and not brain**”

“For a big percentage of **children who start drinking** at an early age it is **family**. If you have a family member such as your mum taking alcohol and using it at home or bringing alcohol home is where children start to drink therefore **family member are the ones who give alcohol to others.**”



# Results - Societal vulnerability factors

## **Societal Vulnerability Factors**

- stigma
- celebrations
- social currency
- custom
- peer pressure
- price
- limited enforcement/  
regulation
- ubiquitous  
homebrews

“He can be **isolated**. Because when he is drunk what can you advise him? He will be isolated because **he has been useless** and he has **lost his respect** in the community”

“Another reason is that big celebrations ... **without alcohol are not real celebrations**”

“...that’s why **government has prohibited** to sell alcohol [during the day] it started to be sold from 4pm when people are done with their responsibilities [work].”

# Results - Alcohol consumption

## **Alcohol Consumption**

- ambiguous alcohol concentrations
- drinking patterns
- volume

“I can see for those who are average drinkers they are right because they **don't drink too much to cause problem** to him because he is drinking and he is experienced.”

Lack of a sense of Alcoholism as a problem

# Results - Alcohol interventions

## Community Interventions

- more police enforcement needed
- stigma as treatment
- special enforcement needed for commercial drivers drinking

## Individual Treatment/ Interventions

- belief that no interventions exist
- religious leaders
- being hospitalized as repercussion of drinking

Treatment was discussed among focus group members the term "**treatment**" was used synonymously with "**stopping drinking**"

All members reiterated that they were **not aware** of places to **receive treatment**

"The treatment is just to **give them advice to reduce the amount of alcohol** they take, but it's **not possible to stop completely**. Also, it's better for people to say a **lot of prayers** for the person so as to stop drinking [...]."

# Results - Health/Interpersonal outcomes

## Health/ Inter-personal outcomes

- dependence
- chronic disease
- poverty
- injury
- harm to others
- shame to family

One of the most common themes was a **dependence on alcohol**, people who “**cannot sleep without alcohol**” or a doctor who was “**unable to attend patients** in the hospital without going to the bar to drink alcohol” or those who say “that **if they are not drunk they cannot work** and the body becomes weak”

“Those **drinking alcohol** excessively... are the ones who **cause car accidents, killing others** with no intentions because they drink and drive, they cannot even maintain their own families”

“Those who drink alcohol can **only focus on drinking alcohol** therefore alcohol costs much and it can **lead to poverty**”

# Summary

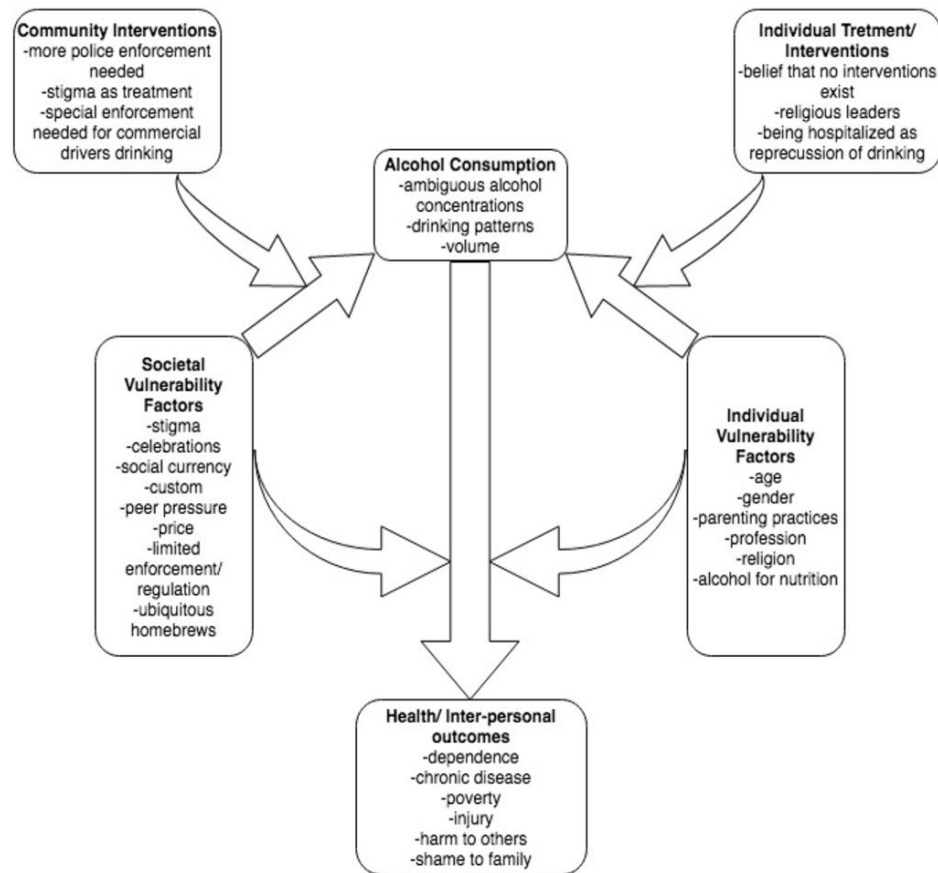


Figure 1: Conceptual causal model of alcohol consumption and health outcomes in Moshi, Tanzania

# Summary

- Overall, the extremes of age, parenting/modeling practices in the home, gender, profession and religion were all found to be individual vulnerability factors in Tanzania.
- Common societal vulnerability factors for the Tanzanian population were: stigma, celebrations and customs, alcohol as a social currency, ubiquitous homebrews, and regulation and enforcement on alcohol use.
- Belief that there were no treatments available or lack of knowledge
- Problematic drinking when lead to physically harming others or neglecting their family responsibilities.

# Thank you!

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