



Alcohol Abuse and Youth Livelihoods in Urban Ghana: A Mixed-Methods Study of Socioeconomic and Community-Level Implications in Ashaiman

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Abstract

Background: Alcohol abuse is a growing public health and socioeconomic challenge among urban youth in Ghana. While previous studies have documented drinking patterns and health outcomes, less is known about how alcohol use affects livelihoods and community stability.

Objective: This study examined the socioeconomic and community-level implications of alcohol abuse among youth in Ashaiman Municipality, Greater Accra Region.

Methods: A cross-sectional mixed-methods design was employed. Quantitative data were collected from 150 youth aged 15–39 years using structured questionnaires, while qualitative data were obtained through in-depth interviews with 10 purposively

selected participants. Quantitative analysis involved descriptive statistics and cross-tabulations, while qualitative data were analyzed thematically.

Results: Findings revealed that 55% of respondents missed work or school due to drinking, 45% reported reduced productivity, and 15% dropped out of school as a result of alcohol use. Over half (53%) spent more than a quarter of their income on alcohol, and 63% reported financial difficulties related to drinking. Family conflict was reported by 59% of respondents, and 73% believed alcohol use contributed to community insecurity. Qualitative narratives highlighted disrupted work and education, household economic strain, and community-level stigma and violence.

Conclusion: Alcohol abuse significantly undermines youth



livelihoods in Ashaiman by limiting educational and employment opportunities, straining household resources, and contributing to community insecurity. Policy responses should integrate stricter alcohol regulation, livelihood support programs,

Introduction

Alcohol abuse among young people has become a critical socioeconomic challenge in sub-Saharan Africa, where rapid urbanization, unemployment, and poverty intersect with weak regulatory systems. In Ghana, alcohol is both socially accepted and widely accessible, making it a key contributor to health problems, crime, and reduced productivity among youth (Obot, 2006; WHO, 2018). For many young people, alcohol use is not only a health concern but also a barrier to sustainable livelihoods, as it interferes with education, employment, and social stability.

Globally, alcohol is one of the leading risk factors for disability-adjusted life years lost, with significant economic and social costs (Rehm et al., 2009; WHO, 2018). In Africa, these costs are amplified by weak health systems and high youth unemployment (Peltzer & Ramlagan, 2009). Research in Nigeria, South Africa, and Kenya has shown that alcohol abuse undermines workforce productivity,

and youth-focused mental health and addiction services.

Keywords: Alcohol abuse; Youth livelihoods; Socioeconomic impacts; Community insecurity;

fuels family conflict, and contributes to cycles of poverty (Ayuka et al., 2014; Osei-Bonsu et al., 2017). In Ghana, although studies have documented patterns of youth drinking and its health consequences (Osei-Bonsu et al., 2017; Doku et al., 2011), limited attention has been given to the ways alcohol abuse impacts livelihoods, particularly in urban low-income communities.

Ashaiman Municipality provides a unique setting to study this issue. With its dense youth population, high unemployment rates, and numerous ghettos, Ashaiman has developed a reputation as a hotspot for alcohol and drug use (Graphic Online, 2016; Ashaiman Municipal Assembly Report, 2022). Young people in this setting often face structural exclusion from formal employment, pushing many into informal and precarious work. Alcohol abuse compounds these challenges by reducing productivity, increasing absenteeism, and draining household income. At the community level, alcohol use also contributes to insecurity,

violence, and strained social relationships.

This study therefore examined the socioeconomic and community-level implications of alcohol abuse among youth in Ashaiman. Using a mixed-methods design, the research explored how alcohol consumption patterns shape educational attainment, employment, income use, and social relationships. By combining quantitative and qualitative approaches, the study sought to provide a more holistic understanding of the ways alcohol abuse undermines youth livelihoods in urban Ghana.

Methods

Study Design

The study employed a cross-sectional mixed-methods design, integrating both quantitative and qualitative approaches. This design was appropriate because it allowed measurement of socioeconomic patterns of alcohol use while also capturing in-depth narratives of how alcohol affects livelihoods (Creswell, 2003; Thomas, 2020). The quantitative strand provided breadth on demographics, employment and income use, and measurable effects on education and work performance. The qualitative strand was designed to add depth by exploring lived experiences, meanings, and pathways through which alcohol shaped participants' livelihoods.

Study Area

The research was conducted in Ashaiman Municipality, Greater Accra Region, Ghana. Ashaiman is an urban settlement characterized by a high youth population, socioeconomic inequality, and multiple ghettos where alcohol and drug use are common (Graphic Online, 2016; Ashaiman Municipal Assembly Report, 2022). Its urban poverty, high youth unemployment, and concentration of informal economic activity make it an appropriate site for examining how alcohol use intersects with livelihood trajectories.

Study Population and Sampling

The study population included young people aged 15 to 39 years who frequented identified ghettos in Ashaiman. Inclusion criteria required participants to be within the specified age group, of sound mind, and able to provide informed consent. Exclusion criteria included individuals outside the age bracket or those unable to consent due to severe health or mental impairment.

A total ghetto population of 603 youth was identified from local records. Using Yamane's (1967) formula with a 5% margin of error, a target sample size of 241 was calculated; however, 150 respondents were ultimately surveyed because of time and resource constraints.



For the qualitative arm, 15 participants were purposively selected to ensure variation in age, gender, education, employment status, and duration of alcohol use. Of these, ten in-depth interviews were completed within the data collection window due to availability and logistical constraints. Purposive selection followed guidance for qualitative inquiry that seeks information-rich cases to illuminate processes and meanings (Marshall et al., 2013).

Sampling Procedure

A multistage sampling approach combined purposive selection of communities and ghettos with convenience recruitment within sites. Seven communities and twelve ghettos were purposively chosen for their documented high youth patronage and known presence of drinking spots. Within those ghettos, recruitment relied on convenience sampling with gatekeeper support from ghetto leaders who assisted in identifying potential participants willing to take part in the survey and interviews. For the qualitative component, purposive sampling prioritized participants whose demographic and drinking histories complemented the quantitative sample, enabling triangulation across methods (Sharma, 2017; Sakshi, 2018).

Data Collection Instruments

Quantitative data were collected using a structured questionnaire composed of three sections. Section A captured demographic and socioeconomic variables (age, sex, education, employment, income use). Section B measured alcohol use patterns and effects on education and work performance, using items adapted from the Drinking Behaviour Pattern (DBP-20) instrument (Kurihara et al., 2022). Section C assessed family conflict, community consequences, and economic impacts; selected items were adapted from standardized alcohol questionnaires (U.S. Department of Commerce, 1987).

The qualitative instrument was an open-ended interview guide developed to explore how alcohol use shaped participants' daily lives and livelihoods. The guide covered topics including drinking history and patterns, motives for drinking, effects on schooling and work, household economic consequences, family and community relationships, attempts to reduce consumption, and perceived supports or interventions. The interview guide was pilot-tested informally with two community members to ensure clarity and cultural relevance, and minor

wording adjustments were made before fieldwork.

Data Collection Procedure

Data collection was carried out by six trained research assistants over a four-week field period. Quantitative questionnaires were administered face-to-face in selected ghettos at times convenient to respondents. Interviews for the qualitative arm were conducted in quiet, private spaces within or near the ghettos to protect confidentiality. Interviews were carried out in English and in local languages (Ga/Twi) where necessary, with the research assistant fluent in the relevant language conducting or assisting with the interview. All interviews were audio recorded with participants' permission and lasted approximately 35 to 60 minutes.

Prior to participation, each respondent was briefed about the study aims and procedures and provided written informed consent. For younger participants near the lower age bound, the consent process followed the guidelines approved by the ethics board. The quantitative questionnaire was pilot-tested with 10 respondents outside the study sites to check comprehension and timing; reliability of the adapted scales was checked using Cronbach's alpha during pilot analysis and adjusted where necessary (Pallant, 2016).

Data Processing and Analysis

Quantitative data were entered, cleaned, and analysed in SPSS Version 27. Descriptive statistics (frequencies, percentages, means, standard deviations) summarized demographic and livelihood indicators and the prevalence of work- and school-related consequences. Cross-tabulations examined associations between alcohol use patterns and key livelihood outcomes (employment status, missed work/school, spending on alcohol). Inferential tests were not the primary focus but were used where appropriate to explore bivariate associations.

Qualitative audio files were transcribed verbatim. Transcripts in local languages were translated into English by the research team and cross-checked against audio files for accuracy. Thematic analysis was applied to the qualitative data following established procedures: familiarization with transcripts, generation of initial codes, development of broader themes, and iterative refinement (Schreier, 2013). Two researchers independently coded a subset of transcripts to enhance coding reliability; discrepancies were discussed and resolved, and a final coding frame was applied across all transcripts. Themes focused on pathways linking alcohol use to livelihood outcomes, mechanisms of economic erosion (for

example, spending priorities and absenteeism), household tensions, and community-level dynamics. Findings from the qualitative analysis were integrated with quantitative results through a parallel mixed-analysis approach so that themes illustrated and explained statistical patterns (Onwuegbuzie & Combs, 2015).

Ethical Considerations

Ethical clearance for the study was obtained from the University of Ghana Ethical Review Board. Permission to access sites was sought from ghetto

leaders and community gatekeepers prior to fieldwork. All participants provided informed consent and were assured of confidentiality, anonymity, and the right to withdraw at any time without consequences. No personal identifiers were recorded on instruments or transcripts; audio files and transcripts were stored on password-protected devices accessible only to the study team. Field procedures followed the ethical guidance for research with vulnerable or hidden populations to minimize harm (Yin, Han, & Sng, 2016).

Results

Demographic Characteristics of Respondents

Table 1: Demographic Characteristics of Respondents

Variable	Frequency	Percentage (%)
Gender		
Male	110	73
Female	40	27
Age		
15–19	25	17
20–24	58	38
25–29	45	30
30–39	22	15
Education		

Basic	51	34
Secondary	50	33
Vocational/Technical	42	28
Tertiary	7	5
Employment status		
Student	30	20
Unemployed	72	48
Self-employed	30	20
Employed	18	12

The majority of respondents were male (73%) and between the ages of 20 and 29 (68%). Educational attainment was generally low, with 67% reporting only basic or secondary education. Nearly half of the respondents (48%) were unemployed, while only 12% were in formal employment. This demographic profile highlights the socioeconomic vulnerability of the youth in Ashaiman, particularly in terms of education and employment opportunities.

Alcohol Use and Work or Education

Table 2: Effects of Alcohol Use on Work and School

Variable	Frequency	Percentage (%)
Missed work/school due to drinking	82	55
Reported low productivity at work	67	45
Dropped out of school due to drinking	23	15
Reported spending money meant for school/work on alcohol	94	63

More than half (55%) of respondents reported missing work or school due to drinking, while 45% reported reduced productivity. Fifteen percent reported dropping out of school because of alcohol abuse. Sixty-three percent admitted spending money that should have



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been allocated to education or work needs on alcohol. These findings suggest that alcohol abuse has direct and significant negative impacts on both education and employment.

Table 3: Alcohol Use and Household/Income Effects (N = 150)

Variable	Frequency	Percentage (%)
Reported spending more than 25% of income on alcohol	79	53
Reported conflict with family over alcohol use	88	59
Experienced financial difficulties due to drinking	95	63
Unable to support dependents because of alcohol use	47	31

A majority of respondents (53%) reported spending more than a quarter of their income on alcohol, and 63% indicated that alcohol use contributed to financial difficulties. Fifty-nine percent reported family conflict linked to their drinking, while nearly one-third (31%) admitted they were unable to provide for their dependents. These results highlight the broader household-level economic burden of alcohol use.

Table 4: Community Effects of Youth Alcohol Use

Variable	Frequency	Percentage (%)
Reported involvement in fights or violence due to drinking	56	37
Reported police arrest related to alcohol use	34	23
Reported stigma or discrimination from community	62	41
Believed alcohol use contributed to insecurity in the community	109	73

Youth alcohol abuse was strongly linked to community challenges. Thirty-seven percent reported being involved in fights or violence while intoxicated, and nearly one-quarter (23%) reported police arrests related to drinking. Forty-one percent experienced stigma and discrimination from community members, while a majority (73%) believed alcohol



use contributed to community insecurity. These findings reflect the wider social and security implications of alcohol abuse in Ashaiman.

Qualitative Findings

The qualitative interviews provided deeper insights into how alcohol use undermines youth livelihoods. Three major themes emerged:

1. Disruption of Work and Educational Trajectories

Participants repeatedly described alcohol as a barrier to both sustaining employment and continuing education. Some respondents reported losing jobs due to absenteeism, lateness, or poor performance linked to drinking. A 24-year-old male noted: *"Sometimes I don't go to work because I have been drinking all night. My boss warned me many times, but I still lost the job."* Others reported abandoning vocational training or dropping out of school because drinking took priority over fees and study time.

2. Household Economic Strain and Family Conflict

A strong theme was the diversion of limited household resources toward alcohol. Many participants admitted that they prioritized drinking over basic needs such as food, rent, or school fees. This often led to tensions with parents, partners, or siblings. A 19-year-old female explained: *"My mother complains because I use the money she gives me for food to buy drinks. We always fight about it."* Some respondents also reported neglecting dependents or children due to alcohol-related financial strain.

3. Community-Level Insecurity and Stigma

Respondents acknowledged that alcohol abuse contributed to fights, theft, and other antisocial behaviors that undermined community safety. Some participants expressed regret over their own involvement in violence when drunk. At the same time, many youth felt stigmatized by non-drinkers in the community, reinforcing cycles of marginalization. A 28-year-old participant reflected: *"People in the area see us as drunks, as if we are useless. Even when I want to stop, it is hard because everyone in the ghetto drinks."*

Discussion

This study examined how alcohol abuse affects youth livelihoods in Ashaiman, Ghana, using both quantitative and qualitative methods. The findings

highlight that alcohol consumption significantly undermines education, employment, income use, family relations, and community safety. These outcomes reflect the interconnected



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nature of substance abuse, poverty, and social instability in urban Ghana.

The results showed that more than half of respondents missed work or school due to alcohol, and almost half reported low productivity. These findings are consistent with earlier studies in Ghana and Nigeria, which have documented absenteeism, poor academic performance, and increased dropout rates linked to alcohol abuse (Osei-Bonsu et al., 2017; Doku et al., 2011). The evidence underscores how drinking habits interfere with young people's ability to build human capital, thereby reducing their chances of securing stable employment.

Household-level effects were also pronounced. A majority of respondents reported spending a significant proportion of their income on alcohol, leading to financial strain and conflict with family members. This aligns with global literature showing that alcohol diverts household resources away from essential needs such as education, food, and healthcare (Rehm et al., 2009; WHO, 2018). The qualitative accounts illustrate how these economic pressures translate into family disputes, neglect of dependents, and erosion of trust. These findings are particularly relevant in Ashaiman, where households already face poverty and economic vulnerability.

At the community level, the study revealed strong associations between alcohol use and insecurity. Many respondents reported involvement in fights, arrests, or experiences of stigma. These findings resonate with research from South Africa and Kenya, which has shown how alcohol fuels violence, crime, and social disorder in urban poor communities (Ayuka et al., 2014; Peltzer & Ramlagan, 2009). The sense of marginalization and stigma expressed by respondents also illustrates how alcohol abuse reinforces cycles of exclusion, where affected youth feel alienated from mainstream society yet find acceptance within ghettos that normalize drinking.

The qualitative themes provide further nuance to the quantitative results. Narratives of lost jobs, diverted household resources, and community stigmatization show the lived realities behind the statistics. The finding that many youth turn to alcohol as a coping mechanism for unemployment and stress reflects broader evidence that substance use in Africa often functions as a response to structural hardships rather than simply individual choice (Obot, 2006; Room et al., 2013). This highlights the importance of addressing both social determinants of health and behavioral risk factors.

Policy Implications



The findings have clear policy relevance. First, there is a need to strengthen regulation of alcohol availability in urban communities such as Ashaiman, including enforcement of age restrictions and control of sales in informal outlets. Second, livelihood support programs that create jobs and vocational training opportunities for young people could help reduce reliance on alcohol as a coping mechanism. Third, peer-focused interventions and community outreach can help shift norms around drinking, particularly in ghettos where alcohol is deeply embedded in social life. Finally, investment in youth-friendly mental health and addiction services is essential to provide alternatives and support pathways out of harmful drinking.

This study was cross-sectional, meaning causal relationships cannot be firmly established. Self-reported data may also be subject to recall bias or underreporting due to stigma. The focus on Ashaiman limits generalizability to other settings, although the municipality provides an important case study of urban substance use in Ghana. Despite these limitations, the mixed-methods approach provided robust evidence by combining breadth of survey data with depth of qualitative accounts.

Conclusion

This study has shown that alcohol abuse is not only a health challenge but also a

socioeconomic barrier for youth in Ashaiman. Drinking patterns disrupted education and work, drained household resources, created family conflicts, and contributed to community insecurity and stigma. By combining quantitative and qualitative insights, the study demonstrated how alcohol abuse erodes livelihoods at multiple levels — individual, household, and community.

Addressing this problem requires integrated approaches that combine regulation, education, livelihood opportunities, and social support. Strengthening policies on alcohol sales, investing in youth employment, and expanding community-based mental health services are critical steps toward breaking the cycle of alcohol abuse and poverty. If left unaddressed, alcohol abuse among Ghanaian youth risks perpetuating social exclusion and undermining sustainable development goals. By tackling both the structural drivers and the immediate consequences of alcohol use, policymakers and community leaders can help protect the future of young people in urban Ghana.

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