Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

The Influence of Substance Abuse on Family Functioning: A Case Study of Kyazanga Town Council, Lwengo District, Uganda

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Abstract

Uganda records one of the highest levels of alcohol consumption in Africa, yet the consequences of substance abuse for the family as a functioning social unit remain comparatively underexamined relative to its individual health effects. This study examined the influence of substance abuse on family functioning in Kyazanga Town Council, Lwengo District. Adopting a positivist philosophy and a cross-sectional survey design, data were collected through enumerator administration from 278 adult household members selected via multistage sampling from households in the town council. A structured questionnaire measured four substance abuse dimensions, namely frequency and quantity of use, expenditure diversion, intoxication-related behaviour, and duration and chronicity of use, against family functioning assessed through communication, role performance, affective involvement, and behaviour control. Data were analysed using descriptive statistics, Pearson correlation, and multiple regression in SPSS version 26. Findings revealed that frequency and quantity of use recorded the highest mean while duration and chronicity recorded the lowest. All four dimensions correlated significantly and negatively with family functioning, with expenditure diversion strongest ($r = -0.706$, $p < 0.01$), followed by intoxication-related behaviour ($r = -0.658$, $p < 0.01$), frequency and quantity ($r = -0.579$, $p < 0.01$), and duration and chronicity ($r = -0.512$, $p < 0.01$). The regression model was significant, $F(4, 265) = 68.41$, $p < 0.001$, explaining 50.8 per cent of variance in family functioning, with expenditure diversion ($\beta = -0.331$) and intoxication-related behaviour ($\beta = -0.287$) the dominant predictors. The findings situate within a literature documenting that alcohol use in Uganda is socially accepted and consequently under-reported (Ssebunnya et al., 2020), that problem drinking is associated with physical intimate partner violence (Tumwesigye et al., 2012), and that adverse childhood experiences predict later heavy consumption (Satinsky et al., 2022), suggesting an intergenerational transmission pathway. The study concludes that the mechanism of family harm is economic and behavioural rather than merely medical, and recommends household-level economic protection, integration of brief intervention into primary care, and family-inclusive rather than individual-only treatment.

Keywords: **Substance abuse; alcohol use disorder; family functioning; expenditure diversion; intimate partner violence; adverse childhood experiences; Kyazanga Town Council; Lwengo District; Uganda.**

1.0 Introduction

Substance abuse denotes a pattern of psychoactive substance use that produces clinically significant impairment or distress, manifesting through failure to fulfil major role obligations, use in physically hazardous situations, recurrent legal or interpersonal problems, and continued use despite awareness of the harm it causes(Julius, 2025b). The

Received: 14.06.2026 **Accepted: 18.06.2026** **Published on: 30.06.2026**

Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

definition's emphasis on role obligation and interpersonal consequence is analytically significant for the present study, since it locates the pathology not solely within the individual's physiology but within the relationships that the individual's use disrupts. Substance abuse is, on this construction, already a family phenomenon at the point of its clinical definition rather than becoming one only at some later stage of severity(Julius & Matovu, 2025).

Family functioning refers to the capacity of a family system to accomplish the tasks necessary for the wellbeing and development of its members, encompassing the provision of material resources, the socialisation of children, the regulation of behaviour, the management of emotion, and the maintenance of the relational bonds through which these are effected(Julius, Nicholas, et al., 2024). The dominant analytical tradition treats the family as a system rather than an aggregation of individuals, which carries the critical implication that a disturbance affecting one member necessarily reverberates through all, since the system's members are interdependent rather than merely co-resident. This systemic property explains a phenomenon that individual-focused approaches cannot accommodate: the family of a person who abuses substances reorganises itself around the abuse, developing roles, routines, and silences that accommodate it, so that the family becomes structured by a condition only one of its members has(Salazar et al., 2013).

The Ugandan context supplies a configuration in which these dynamics acquire particular force. Studies from Uganda have revealed one of the highest levels of alcohol consumption in Africa alongside a high prevalence of child abuse (Satinsky et al., 2022), a conjunction that is unlikely to be coincidental. A national survey reported a high burden of alcohol consumption in the northern region at 23.2 per cent and the western region at 21.4 per cent (Aine et al., 2025), establishing that hazardous use is a mass phenomenon rather than a marginal one. The 2024 Uganda national census recorded an average household size of 4.4 persons, with 52 per cent of the population aged eighteen and above being female and the median age group being 30 to 34 years (Uganda Bureau of Statistics, 2024), which indicates that the typical Ugandan household is a multi-person unit in which the consequences of one member's substance use are distributed across several dependants, most of them children.

A finding of central importance to this study concerns the social status of alcohol in Uganda. Ssebunnya et al. (2020), investigating why alcohol use disorders were detected at low rates in community and facility surveys in Kamuli District despite earlier formative studies identifying alcohol use as a major health problem, established that alcohol is legally and socially acceptable, forming a routine part of the social landscape and constituting part of many cultural, religious, and social practices. Their finding that low detection rates reflected under-reporting rather than low prevalence carries a methodological implication that this study takes seriously: in a setting where drinking is normative, self-reported consumption understates actual consumption, and instruments that rely on the drinker's own account will systematically underestimate the phenomenon. Ssebunnya et al. (2020) also documented the family's position in the response to problem drinking, recording that it is either the family or concerned relatives who struggle

Received: 14.06.2026 **Accepted: 18.06.2026** **Published on: 30.06.2026**

Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

to find all possible ways of stopping the person from drinking, having realised the negative impacts, which locates the family as the de facto treatment system in the absence of clinical alternatives.

The pathways through which substance abuse damages family functioning have been documented across several Ugandan studies, each illuminating a distinct mechanism. Tumwesigye et al. (2012), drawing on a national survey, established an association between problem drinking and physical intimate partner violence against women, identifying the most acute pathway by which one member's use becomes another member's injury(Julius, 2025a). Satinsky et al. (2022), in a population-based study of adults in southwestern Uganda, demonstrated an association between adverse childhood experiences and heavy alcohol consumption in adulthood, with the effects buffered in part by social participation, which establishes an intergenerational pathway in which the household dysfunction that substance abuse produces in one generation predicts the substance abuse of the next. Their observation that a survey of Ugandan children aged eight to eighteen indicated that 98 per cent had experienced physical or emotional abuse and 76 per cent reported sexual abuse (Naker, 2014, cited in Satinsky et al., 2022) situates the magnitude of the childhood adversity through which this transmission operates.

The regulatory environment has changed materially with the enactment of the Narcotic Drugs and Psychotropic Substances (Control) Act, 2023 (Republic of Uganda, 2024), which establishes the current legal framework governing controlled substances. The Third National Development Plan and the Ministry of Health Strategic Plan for 2020/21 to 2024/25 both identify substance abuse within their health priorities (National Planning Authority, 2022; Ministry of Health, 2021). Yet the treatment infrastructure remains concentrated, with specialised mental health care available at regional referral level and at Butabika National Referral Mental Hospital, which means that for a household in a rural town council, the practical response to a member's substance abuse is the family's own effort rather than a clinical service, precisely as Ssebunnya et al. (2020) documented.

Kyazanga Town Council in Lwengo District presents a setting in which these considerations converge. Located in the greater Masaka sub-region of central Uganda, an area characterised by commercial agriculture, roadside trading along a major transport corridor, and a dense concentration of licensed and unlicensed drinking establishments, the town council exhibits the combination of disposable cash income and ready availability that sustains high consumption(Julius, Nancy, et al., 2024). The area's economic structure, in which income arrives seasonally from coffee and banana sales, generates a pattern in which lump-sum receipts coincide with elevated expenditure on alcohol, a conjunction whose implications for household resource allocation are direct. Whether substance abuse in this setting damages family functioning principally through the economic diversion of household resources, through the behavioural consequences of intoxication, or through the cumulative erosion that chronicity produces, is the empirical question this study addresses.

1.1 Problem Statement

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ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

Families in Kyazanga Town Council are expected, as the primary social institution, to provide material support to their members, socialise and educate children, regulate behaviour, manage emotion, and maintain the relational bonds through which these functions are performed. The ideal situation is a household in which income is allocated to nutrition, health, and schooling; in which adults perform their productive and parental roles reliably; in which communication is open and conflict is resolved without violence; and in which children develop in an environment of predictable care(Julius, 2025b). This ideal is consistent with the health and social development objectives articulated in the Third National Development Plan (National Planning Authority, 2022) and the Ministry of Health Strategic Plan (Ministry of Health, 2021).

The prevailing situation departs from this ideal in ways the literature documents at national scale and that are observable locally. Uganda records one of the highest levels of alcohol consumption in Africa alongside a high prevalence of child abuse (Satinsky et al., 2022), with a national survey reporting hazardous consumption burdens of 23.2 per cent in the north and 21.4 per cent in the west (Aine et al., 2025). Problem drinking is associated with physical intimate partner violence against women (Tumwesigye et al., 2012), which converts a household's substance problem into a woman's safety problem. Household income that should fund nutrition, medical care, and school fees is diverted to alcohol, and Ssebunnya et al. (2020) documented the extremity this reaches, recording an account in which a drinker offered money for medicine during his own illness would use it to buy alcohol instead. Alcohol is socially accepted and consequently under-reported (Ssebunnya et al., 2020), which means that the problem is simultaneously widespread and unacknowledged, and that families bearing its consequences do so without the recognition that would mobilise support. In Kyazanga Town Council specifically, the concentration of drinking establishments along the transport corridor and the seasonal arrival of agricultural income combine to produce episodic heavy expenditure at precisely the moments when household resources are most available for other purposes.

Should this situation persist, the consequences will compound intergenerationally. Children in households where income is diverted to alcohol experience nutritional deficit and interrupted schooling, foreclosing the human capital formation on which their own future households would depend. Women in households where problem drinking occurs face elevated risk of physical violence (Tumwesigye et al., 2012). Most consequentially, the evidence establishes a transmission mechanism: adverse childhood experiences predict heavy alcohol consumption in adulthood (Satinsky et al., 2022), which means that the household dysfunction substance abuse produces in one generation is a documented risk factor for the substance abuse of the next, so that the problem reproduces itself unless interrupted. In a setting where specialised treatment is concentrated at referral level and the family constitutes the de facto response system (Ssebunnya et al., 2020), that interruption will not occur spontaneously.

While substantial Ugandan research has examined substance abuse, three gaps motivate this study. First, the literature has concentrated on prevalence and individual-level determinants among specific populations, including adolescents in health facilities (Aber-Odonga et al., 2024), youth in Kampala slums (Swahn et al., 2020), and young women in

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Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

mining communities, rather than on consequences for the family as a functioning system. Second, where family effects have been examined, attention has focused on the single pathway of intimate partner violence (Tumwesigye et al., 2012), leaving the economic and role-performance pathways comparatively unexamined and their relative magnitudes unestablished. Third, no known study has examined substance abuse and family functioning in Kyazanga Town Council, whose transport-corridor location and seasonal agricultural income profile make the economic diversion pathway analytically salient. This study addresses these gaps.

1.2 Main Objective

The main objective of the study was to examine the influence of substance abuse on family functioning in Kyazanga Town Council, Lwengo District.

1.3 Specific Objectives

i. To examine the influence of frequency and quantity of substance use on family functioning in Kyazanga Town Council.

ii. To assess the influence of substance-related expenditure diversion on family functioning in Kyazanga Town Council.

iii. To determine the influence of intoxication-related behaviour on family functioning in Kyazanga Town Council.

iv. To establish the influence of duration and chronicity of substance use on family functioning in Kyazanga Town Council.

2.0 Literature Review

2.1 Theoretical Framework

The study is anchored in family systems theory, complemented by the family stress model and social learning theory. Family systems theory conceives the family as an organised whole whose members are interdependent, such that the system cannot be understood by examining members in isolation and a change affecting any member necessarily produces adjustment throughout. Its central constructs of boundaries, roles, and homeostasis are directly applicable to substance abuse. Homeostasis, the system's tendency to maintain equilibrium, explains the otherwise puzzling observation that families frequently accommodate rather than confront a member's substance abuse: the accommodation preserves the system's stability at the cost of its function, and the family thereby becomes organised around the very condition it suffers from. This framework predicts that the harm of substance abuse to a family is not confined to the periods of intoxication but is embedded in the structural reorganisation the family undertakes to absorb it.

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ISSN: 3006-6417
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The framework's application in the Ugandan setting requires attention to a documented feature of the local context. Ssebunnya et al. (2020) established that the family constitutes the primary response to problem drinking, recording that it is the family or concerned relatives who struggle to find all possible means of stopping the person from drinking. Systems theory illuminates why this positioning is consequential: the family is simultaneously the unit harmed by the abuse and the unit charged with remedying it, which is a structural contradiction that no amount of family effort resolves, since the system attempting the intervention is itself deformed by the condition it is intervening against.

The family stress model supplies the mechanism connecting economic pressure to relational deterioration, holding that economic hardship produces economic pressure, which generates parental psychological distress, which increases interparental conflict, which disrupts parenting, which impairs child outcomes(Ntirandekura & Christopher, 2022). Its relevance here is that substance abuse enters this chain at multiple points simultaneously: it produces economic hardship through expenditure diversion, contributes directly to psychological distress, and independently increases conflict. The model predicts that the economic pathway should be a principal rather than incidental mechanism of family harm, a prediction that this study tests directly by measuring expenditure diversion as a distinct dimension.

Social learning theory supplies the account of intergenerational transmission and receives direct empirical support in the Ugandan literature. The theory holds that behaviour is acquired through observation and modelling, so that children in households where substance use is normative acquire both the behaviour and the expectations that sustain it. Satinsky et al. (2022) provided the mechanism's evidential foundation, demonstrating in a population-based study of adults in southwestern Uganda that adverse childhood experiences are associated with heavy alcohol consumption in adulthood, and importantly that these adverse effects were buffered in part by social participation, which indicates the pathway is modifiable rather than deterministic. This buffering finding carries direct practical significance, since it identifies social participation as an intervention point that does not require clinical infrastructure.

2.2 Frequency and Quantity of Use and Family Functioning

Frequency and quantity of substance use constitute the dose dimension, encompassing how often and how much is consumed. The theorised mechanism is straightforward dose-response: greater consumption produces greater impairment and therefore greater family harm. The empirical literature in Uganda has concentrated substantially on this dimension, since prevalence estimation requires it. Aine et al. (2025) reported national survey findings of hazardous consumption at 23.2 per cent in northern and 21.4 per cent in western Uganda, and conducted community-based cross-sectional research among adult household residents in Lira and Isingiro districts between January and February 2025. Kabwama et al. (2021) examined alcohol use among adolescent boys and young men in Kampala, and Swahn et al. (2020) documented the prevalence and context of alcohol use, problem drinking, and alcohol-related harm among youth in Kampala's slums. The dimension's measurement is nonetheless compromised by the under-reporting that Ssebunnya et al. (2020) documented, since in a setting where alcohol is socially accepted and forms a

Received: 14.06.2026 **Accepted: 18.06.2026** **Published on: 30.06.2026**

routine part of the social landscape, self-reported quantity is systematically understated, which attenuates observed dose-response relationships and implies that studies relying on drinker self-report underestimate the true association.

2.3 Expenditure Diversion and Family Functioning

Expenditure diversion refers to the reallocation of household resources from nutrition, health, education, and productive investment toward substance purchase(Suzan & Kazaara, 2023). The theorised mechanism operates through the family stress model: diverted income produces economic pressure, which propagates into distress, conflict, and impaired parenting. In a low-income household the mechanism is arithmetically severe, since expenditure is close to subsistence and any diversion displaces a necessity rather than a discretionary purchase. Ssebunnya et al. (2020) captured the extremity this can reach in their qualitative material, recording an account of a drinker who, offered money for medicine during his own illness, would spend it on alcohol, an account that illustrates the priority ordering that dependence produces. The Uganda Bureau of Statistics (2022) Multidimensional Poverty Index Report documents the deprivation baseline against which such diversion operates, and the 2024 census average household size of 4.4 persons (Uganda Bureau of Statistics, 2024) indicates the number of dependants across whom the shortfall is distributed. Despite its theoretical prominence, this dimension has received less dedicated empirical attention in the Ugandan literature than prevalence or violence, which constitutes a gap this study addresses.

2.4 Intoxication-Related Behaviour and Family Functioning

Intoxication-related behaviour encompasses the conduct occurring during or consequent upon intoxication, including verbal aggression, physical violence, absence from the household, neglect of dependants, and failure of role performance. This is the dimension on which Ugandan evidence is strongest. Tumwesigye et al. (2012), drawing on a national survey, established an association between problem drinking and physical intimate partner violence against women, and earlier work in Rakai documented associations between alcohol use, intimate partner violence, sexual coercion, and HIV among women aged 15 to 24 (Zablotska et al., 2009, cited in Ssebunnya et al., 2020). The mechanism is direct and requires no mediating chain: intoxication disinhibits, and disinhibition in a context of household conflict produces violence. Its consequences extend beyond the immediate victim, since children witnessing interparental violence accumulate the adverse childhood experiences that Satinsky et al. (2022) identify as predicting their own later heavy consumption, which closes the intergenerational loop.

2.5 Duration and Chronicity and Family Functioning

Duration and chronicity refer to the temporal extent of the substance use pattern, distinguishing recent onset from established dependence. The theorised mechanism is cumulative: prolonged use exhausts family coping resources, depletes accumulated assets, erodes social capital as relatives withdraw, and produces the structural reorganisation that systems theory predicts. The literature on explanatory models of alcohol use disorder among Ugandan patients and relatives indicates that families' understanding of the condition shifts with its duration, from framing it as

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Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

behaviour amenable to persuasion toward framing it as a condition requiring intervention (Kaggwa et al., 2024). The dimension is nonetheless the most difficult to measure in cross-sectional designs, since it requires retrospective recall of onset, and the under-reporting that social acceptance produces (Ssebunnya et al., 2020) compounds this difficulty, since a behaviour regarded as normal is not marked in memory by a datable beginning.

2.6 Research Gap

The reviewed literature establishes that substance abuse in Uganda is prevalent, socially accepted, under-reported, associated with intimate partner violence, and transmitted intergenerationally through adverse childhood experience (Ssebunnya et al., 2020; Tumwesigye et al., 2012; Satinsky et al., 2022). Three gaps motivate this study. First, the literature concentrates on prevalence and individual determinants among specific populations rather than on family functioning as a systemic outcome. Second, where family effects are examined, the intimate partner violence pathway dominates, leaving the economic diversion pathway comparatively unexamined and the relative magnitude of the two unestablished. Third, no known study addresses Kyazanga Town Council, whose transport-corridor location and seasonal agricultural income make economic diversion analytically salient. This study addresses these gaps.

3.0 Methodology

3.1 Research Philosophy and Design

The study adopted a positivist philosophy, premised on the position that substance use patterns and family functioning can be measured through structured instruments and related statistically. This orientation is appropriate to the comparative question posed, namely the relative magnitude of four pathways, though it is acknowledged that the qualitative tradition in Ugandan alcohol research recovers meanings this design cannot access, as Ssebunnya et al. (2020) demonstrated through semi-structured interviews and focus group discussions that explained why quantitative detection rates understated the problem. A mixed-methods design would be superior were resources available.

A cross-sectional analytical survey design was employed within a case study framework centred on Kyazanga Town Council. Two design limitations warrant explicit statement. First, temporal precedence cannot be established, and the substance abuse-family functioning relationship is plausibly bidirectional, since family dysfunction may precipitate substance use as readily as substance use degrades family functioning; findings are accordingly interpreted as associations. Second, and more consequentially, self-reported substance use is systematically understated in a setting where alcohol is socially accepted and forms a routine part of the social landscape (Ssebunnya et al., 2020), which implies that observed associations represent lower bounds on the true relationships. This study mitigates the concern by collecting reports from adult household members regarding household substance use rather than relying solely on drinkers' self-report, though the mitigation is partial.

3.2 Study Population and Sample

Received: 14.06.2026 **Accepted: 18.06.2026** **Published on: 30.06.2026**

Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

The target population comprised adult residents aged eighteen years and above in households within Kyazanga Town Council. Following Aine et al. (2025), pregnant women and individuals with cognitive impairment or severe illness at the time of data collection were excluded, the former because pregnancy-related physiological changes and discomforts could interfere with the ability to complete interviews reliably, the latter for reasons of both data quality and participant welfare. As the size of the eligible population was not precisely known, sample size was determined using Cochran's formula for unknown populations at 95 per cent confidence, 5 per cent margin of error, and maximum variability of 0.5, yielding 384, subsequently adjusted to 278 following finite population correction against the town council's household estimate.

Multistage sampling was employed, following the approach of Aine et al. (2025). At the first stage, all parishes within the town council were included. At the second stage, villages were selected using probability proportional to size based on Uganda Bureau of Statistics (2024) census village population counts, such that larger villages had a higher probability of inclusion. At the third stage, a fixed number of households was sampled from each selected village, an approach adopted for operational feasibility during fieldwork. Because villages were selected using probability proportional to size while the number of households sampled per village was fixed, the probability of household selection differed across villages, producing unequal selection probabilities, and sampling weights were computed accordingly. At the fourth stage, one eligible adult per household was selected using the Kish grid method, which prevents the overrepresentation of household members most readily available and thereby avoids a bias systematically favouring the unemployed and the elderly.

Stratum (parish)	Households	Sample	Technique
Kyazanga Central	612	78	PPS / systematic
Kagganda	486	62	PPS / systematic
Lwentulege	421	54	PPS / systematic
Kibaale	358	46	PPS / systematic
Kasaana	302	38	PPS / systematic
Total	2,179	278	

Note: Household figures are indicative estimates used for proportionate allocation.

3.3 Data Collection Instrument

Data were collected through a structured questionnaire administered by trained enumerators rather than self-administered, a decision required by variable literacy within the general adult population and one that also permitted item clarification and sensitive probing. Section A captured demographic and household characteristics including age, sex, marital status, education, household size, occupation, and income source. Section B measured the four substance abuse dimensions: frequency and quantity of use through eight items, incorporating items adapted from the Alcohol Use Disorders Identification Test; expenditure diversion through seven items covering proportion of income spent on substances, displacement of food, medical, and school expenditure, and asset disposal; intoxication-related behaviour

Received: 14.06.2026 Accepted: 18.06.2026 Published on: 30.06.2026

through nine items covering verbal aggression, physical violence, household absence, and role failure; and duration and chronicity through six items covering onset, continuity, and escalation. Section C measured family functioning through eighteen items spanning communication, role performance, affective involvement, and behaviour control, adapted from the McMaster Family Assessment Device. Items used a five-point Likert scale, with family functioning items reverse-scored where appropriate such that higher scores denote better functioning.

Items were translated into Luganda and back-translated to English to verify semantic equivalence, a step essential where concepts such as family functioning and problem drinking carry culturally specific meanings that direct translation distorts. Following Aber-Odonga et al. (2024), the questionnaire was pre-tested in a health facility in a different district, which permitted the identification and resolution of ambiguities in the questions prior to fieldwork.

3.4 Validity and Reliability

Content validity was established through expert review by two mental health academics, one social work practitioner, and two community health workers with substance abuse caseloads, yielding a Content Validity Index of 0.89. Construct validity was assessed through exploratory factor analysis with varimax rotation; the Kaiser-Meyer-Olkin measure was 0.856 and Bartlett's test of sphericity was significant, confirming factorability, and the retained solution reproduced the hypothesised five-factor structure. Reliability was assessed through Cronbach's alpha on a pilot of 30 respondents from a neighbouring sub-county excluded from the main study, yielding 0.834 for frequency and quantity, 0.851 for expenditure diversion, 0.877 for intoxication-related behaviour, 0.792 for duration and chronicity, and 0.921 for family functioning. Enumerator reliability was addressed through four days of training covering item interpretation, neutral probing, the recognition of distress, and referral procedure, and through supervisor verification of a random ten per cent of completed instruments.

3.5 Data Analysis

Data were coded and analysed in IBM SPSS version 26 following screening(Nelson et al., 2022). Descriptive statistics summarised distributions, with means interpreted against a scale in which 1.00 to 1.80 denotes very low, 1.81 to 2.60 low, 2.61 to 3.40 moderate, 3.41 to 4.20 high, and 4.21 to 5.00 very high. Pearson correlation established bivariate relationships and multiple regression estimated joint and relative contributions. Regression assumptions of normality, linearity, homoscedasticity, independence, and absence of multicollinearity were tested through Shapiro-Wilk statistics, residual scatterplots, the Durbin-Watson statistic, and variance inflation factors.

3.6 Ethical Considerations

This study required ethical safeguards exceeding those appropriate to organisational research, since it enquired into substance abuse, household violence, and family dysfunction among participants who continue to reside with the individuals whose conduct they were reporting. Ethical clearance was obtained from the relevant institutional review

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Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
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committee and from the Uganda National Council for Science and Technology, following the approval pathway employed in comparable Ugandan substance use research (Aber-Odonga et al., 2024). Administrative introduction was secured through the office of the Town Clerk and through local council leadership.

Several specific protections were implemented. Interviews were conducted in private locations selected by the respondent with no other household member present, since a respondent's disclosure of a spouse's drinking or violence could precipitate retaliation if overheard; enumerators were instructed to terminate or reschedule any interview at which privacy could not be assured. Informed consent was obtained orally in Luganda where literacy precluded written consent, with the study's purpose, the voluntary nature of participation, and the right to decline any question or withdraw entirely explained fully and without inducement. No identifying information was recorded and no responses were shared with household members, local leaders, or any third party.

Enumerators were trained to recognise distress and to terminate interviews should it arise, and were equipped with referral information for the nearest health facility offering mental health services and for local support structures, which was offered to any participant who requested it or who disclosed circumstances warranting it. This provision reflects an ethical obligation that research on this topic cannot discharge through anonymity alone: a study that identifies households in acute difficulty and offers nothing in return is extractive. Where disclosures indicated ongoing risk of serious harm, particularly to children, enumerators were instructed to provide referral information and to escalate to the study supervisor for consideration under the applicable child protection framework, a limit to confidentiality that was disclosed to participants during consent rather than applied without warning.

4.0 Results

4.1 Response Rate

Of 278 households sampled, 271 were successfully interviewed and 270 instruments were usable after screening, yielding an effective response rate of 97.1 per cent. The high rate reflects enumerator administration, local council endorsement, and household-level contact permitting rescheduling. Non-response arose principally from unavailability and from two instances in which privacy could not be assured and the interview was accordingly abandoned in accordance with the protocol.

4.2 Descriptive Statistics

Variable	N	Min	Max	Mean	Std. Dev	Interpretation
Frequency and quantity of use	270	1.25	4.88	3.47	0.712	High
Expenditure diversion	270	1.14	4.86	3.21	0.796	Moderate
Intoxication-related behaviour	270	1.11	4.78	2.94	0.848	Moderate

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Duration and chronicity	270	1.00	4.67	2.63	0.881	Moderate
Family functioning	270	1.28	4.72	2.81	0.774	Moderate

Source: Primary Data, 2025

The descriptive results presented a portrait consistent with the national picture the literature documents. Frequency and quantity of use recorded the highest mean of 3.47, in the high band, with a standard deviation of 0.712. This rating aligns with the finding that Uganda records one of the highest levels of alcohol consumption in Africa (Satinsky et al., 2022) and with national survey estimates of hazardous consumption at 23.2 per cent in northern and 21.4 per cent in western regions (Aine et al., 2025). The rating warrants an important interpretive caution, however, and one that the Ugandan literature establishes directly: Ssebunnya et al. (2020) demonstrated that alcohol use in Uganda is legally and socially acceptable, forming a routine part of the social landscape, and that this acceptance produces systematic under-reporting which explains why community and facility surveys detected alcohol use disorders at rates contradicting earlier formative findings. The high mean recorded here should therefore be read as a floor rather than an estimate, since a behaviour regarded as normal is under-reported by those engaging in it.

Expenditure diversion recorded a mean of 3.21, in the moderate band, with a standard deviation of 0.796. The interpretation warranted is of substantial and widely experienced diversion of household resources toward substance purchase. The magnitude of this rating acquires its significance from the economic context in which it occurs: with a national average household size of 4.4 persons (Uganda Bureau of Statistics, 2024) and against the deprivation baseline documented in the Multidimensional Poverty Index Report (Uganda Bureau of Statistics, 2022), a household near subsistence cannot divert expenditure to alcohol without displacing a necessity, since there is no discretionary margin from which the diversion could otherwise be funded. Ssebunnya et al. (2020) captured the priority ordering that dependence produces in recording an account of a drinker who would spend on alcohol money offered to him for medicine during his own illness.

Intoxication-related behaviour recorded a mean of 2.94, in the moderate band, with a wide standard deviation of 0.848. The dispersion is the more informative statistic, indicating that households experience markedly divergent realities: some report little behavioural disturbance while others report substantial aggression and role failure. This heterogeneity is consistent with the intimate partner violence literature, in which Tumwesigye et al. (2012) established an association between problem drinking and physical violence against women that is real at population level while not being universal at household level. The wide dispersion indicates that intoxication does not produce uniform behavioural consequences, which is theoretically important because it implies mediating factors rather than a direct pharmacological determinism.

Duration and chronicity recorded the lowest mean of 2.63 and the largest standard deviation of 0.881. This rating requires careful interpretation rather than face-value acceptance. A low mean on a chronicity measure could indicate

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ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

genuinely recent onset across the population, but the more defensible reading, given what the literature establishes, is measurement difficulty. Where alcohol use is socially accepted and constitutes a routine part of the social landscape (Ssebunnya et al., 2020), it is not marked in household memory by a datable beginning, since a behaviour regarded as normal has no onset in the way a symptom does. The widest dispersion in the study is consistent with this reading, indicating that respondents were answering a question they found difficult to answer consistently rather than reporting a genuinely variable phenomenon.

Family functioning recorded a mean of 2.81, in the moderate band, indicating families that are functioning but visibly impaired. Its position below the frequency and expenditure dimensions is what the theoretical framework predicts, and the configuration of the descriptive results is worth stating plainly: substance use is frequent, household resources are being diverted to it, behavioural disturbance is substantial though uneven, and family functioning is correspondingly impaired.

4.3 Correlation Analysis

Variable	**1**	**2**	**3**	**4**	**5**
1. Frequency and quantity of use	1				
2. Expenditure diversion	.612**	1			
3. Intoxication-related behaviour	.584**	.631**	1		
4. Duration and chronicity	.497**	.538**	.562**	1	
5. Family functioning	−.579**	−.706**	−.658**	−.512**	1

Note: ** Correlation is significant at the 0.01 level (2-tailed), N = 270. Family functioning scored such that higher values denote better functioning.

Source: Primary Data, 2025

All four substance abuse dimensions correlated negatively and significantly with family functioning at the one per cent level, establishing that substance abuse bears a consistent and damaging relationship to the family system's capacity to perform its functions. The uniformity of the negative sign across four conceptually distinct dimensions materially strengthens the inference, since it indicates that the association is a property of substance abuse as a general phenomenon rather than an artefact of any single measurement approach.

Expenditure diversion exhibited the strongest association with family functioning at $r = -0.706$, sharing approximately 49.8 per cent of variance. This is the study's headline correlational finding and it carries substantial theoretical significance, since it indicates that the principal pathway by which substance abuse damages the family in this setting is economic rather than behavioural. The mechanism operates precisely as the family stress model specifies: diverted income produces economic pressure, which generates psychological distress, which increases conflict, which disrupts

Received: 14.06.2026 Accepted: 18.06.2026 Published on: 30.06.2026

Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

parenting(David et al., 2023). The strength of the coefficient is intelligible given the economic context, since in a household near subsistence with an average of 4.4 members (Uganda Bureau of Statistics, 2024), every shilling spent on alcohol is a shilling not spent on food, medicine, or school fees, and the displacement is immediate and total rather than marginal. This finding extends the Ugandan literature, which has concentrated on the intimate partner violence pathway (Tumwesigye et al., 2012) while leaving the economic pathway comparatively unexamined, and it suggests that the dominant harm may operate through household resource allocation rather than through the violence that receives greater attention.

Intoxication-related behaviour recorded the second strongest association at $r = -0.658$, in the strong range. This corroborates the established Ugandan evidence directly, particularly Tumwesigye et al. (2012), who established an association between problem drinking and physical intimate partner violence against women in national survey data. The mechanism requires no mediating chain: intoxication disinhibits, and disinhibition in a household already under economic strain produces aggression and role failure. The substantial inter-correlation between intoxication-related behaviour and expenditure diversion at $r = 0.631$ indicates that the two pathways are coupled rather than independent, which is theoretically coherent since the household that has been financially depleted is the household in which conflict over resources is most likely to occur.

Frequency and quantity of use correlated at $r = -0.579$, a moderate to strong association ranked third. Its position below expenditure diversion and intoxication-related behaviour is analytically significant and theoretically informative. It indicates that the dose of substance consumed matters less to family functioning than what that consumption does to the household's money and to the drinker's conduct. This is precisely what a systems account would predict: the family does not experience its member's blood alcohol concentration, it experiences the empty purse and the aggression, so the pathways proximate to the family's own experience dominate the pathway proximate to the individual's physiology. The coefficient is additionally likely attenuated by the under-reporting that Ssebunnya et al. (2020) documented, since restricted variance in a systematically understated measure suppresses observable association.

Duration and chronicity recorded the weakest association at $r = -0.512$, though this remained moderate and highly significant. Read alongside the descriptive finding that this dimension recorded both the lowest mean and the widest dispersion, the coefficient is most plausibly attenuated by measurement difficulty rather than reflecting a genuinely weaker relationship. Where a socially accepted behaviour has no datable onset in household memory (Ssebunnya et al., 2020), a chronicity measure captures recall variability alongside the construct it intends, and the resulting measurement error biases the observed coefficient toward zero. The theoretical case that chronicity matters is strong, given the cumulative asset depletion and coping exhaustion that systems theory predicts, and the coefficient should be read as a lower bound.

Received: 14.06.2026 **Accepted: 18.06.2026** **Published on: 30.06.2026**

Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

The inter-correlations among the substance abuse dimensions, ranging from 0.497 to 0.631, confirm that they constitute facets of a coherent underlying phenomenon while retaining conceptual distinctness, and are moderate enough to permit regression without multicollinearity concerns.

4.4 Regression Analysis

Model Summary			
R	R Square	Adjusted R Square	Std. Error
.713	.508	.501	.5468

ANOVA	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Regression	81.836	4	20.459	68.41	.000
Residual	79.245	265	0.299		
Total	161.081	269			

Predictor	**B**	**Std. Error**	**Beta**	**t**	**Sig.**	**VIF**
(Constant)	4.812	0.198		24.303	.000	
Frequency and quantity of use	−0.164	0.056	−.151	−2.929	.004	1.687
Expenditure diversion	−0.322	0.061	−.331	−5.279	.000	1.824
Intoxication-related behaviour	−0.262	0.057	−.287	−4.596	.000	1.798
Duration and chronicity	−0.128	0.048	−.146	−2.667	.008	1.542

Dependent Variable: Family Functioning. Durbin-Watson = 1.908.

Source: Primary Data, 2025

The regression model was highly significant, $F(4, 265) = 68.41$, $p < 0.001$, establishing that the four substance abuse dimensions jointly predict family functioning. The coefficient of determination of 0.508 indicates that the model explains 50.8 per cent of variance, with the adjusted value of 0.501 confirming robustness. That substance abuse accounts for half of the explicable variation in family functioning is a substantial finding, and it locates substance abuse as a first-order determinant of family wellbeing rather than one factor among many. The unexplained 49.2 per cent reflects determinants outside the model, including household poverty independent of substance expenditure, which the Multidimensional Poverty Index Report documents as widespread (Uganda Bureau of Statistics, 2022), parental education, household composition, illness and bereavement, and the social participation that Satinsky et al. (2022) identified as buffering adverse effects. Diagnostics supported the model: variance inflation factors ranged from 1.542 to 1.824, below the threshold of concern, and the Durbin-Watson statistic of 1.908 confirmed residual independence.

Received: 14.06.2026 **Accepted: 18.06.2026** **Published on: 30.06.2026**

Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

Expenditure diversion emerged as the strongest predictor with a standardised coefficient of −0.331, significant at $p < 0.001$. The unstandardised coefficient of −0.322 indicates that a one-unit increase in expenditure diversion, holding other dimensions constant, is associated with a 0.322-unit decline in family functioning, the largest marginal effect in the model. The retention of this dimension's dominance after controlling for frequency of use and intoxication-related behaviour is the study's most consequential finding, because it establishes that the economic pathway operates independently rather than as a proxy for the volume consumed. This carries a direct and somewhat counterintuitive implication: the family is harmed principally by where the money goes rather than by how much is drunk, which means that a household in which a moderate drinker diverts a large share of a small income may be more damaged than one in which a heavy drinker diverts a small share of a large one. The finding extends the Ugandan evidence base, which has concentrated on the violence pathway (Tumwesigye et al., 2012), and it aligns with the family stress model's prediction that economic pressure is the principal engine of relational deterioration.

Intoxication-related behaviour was the second strongest predictor with a beta of −0.287, significant at $p < 0.001$. Its substantial independent contribution corroborates Tumwesigye et al. (2012) on problem drinking and physical intimate partner violence, and confirms that the behavioural pathway operates alongside rather than through the economic one. The pairing of expenditure diversion and intoxication-related behaviour as the two dominant predictors describes the mechanism of family harm with some precision: the family is damaged by the depletion of its resources and by the conduct of its member, and these operate as distinct injuries rather than one causing the other.

Frequency and quantity of use recorded a beta of −0.151, significant at $p = 0.004$, ranking third despite recording the highest descriptive mean at 3.47. This inversion between prominence and effect is theoretically illuminating. It indicates that consumption volume damages the family only insofar as it translates into economic diversion or behavioural disturbance, and that once those pathways are controlled, the residual effect of volume itself is modest. The finding has a clear practical implication: interventions targeting consumption reduction alone, without addressing household economic protection or behavioural harm, address the dimension least proximate to family injury. The coefficient is additionally likely attenuated by the systematic under-reporting that social acceptance produces (Ssebunnya et al., 2020).

Duration and chronicity recorded the smallest beta at −0.146, significant at $p = 0.008$. Read against its descriptive standing as the lowest-mean and widest-dispersion dimension, this modest coefficient is most plausibly the product of measurement error rather than of genuine unimportance, since a socially accepted behaviour lacks the datable onset that reliable chronicity measurement requires (Ssebunnya et al., 2020). The theoretical case for chronicity remains strong, and the finding should be interpreted as indicating measurement limitation rather than substantive triviality. The regression equation may be expressed as $FF = 4.812 − 0.164(FQ) − 0.322(ED) − 0.262(IRB) − 0.128(DC)$.

5.0 Conclusion and Recommendations

Received: 14.06.2026 **Accepted: 18.06.2026** **Published on: 30.06.2026**

Metropolitan Journal of Academic and Applied Research
ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

The study concludes that substance abuse exerts a substantial and statistically significant negative influence on family functioning in Kyazanga Town Council, jointly explaining 50.8 per cent of variance and thereby constituting a first-order determinant of family wellbeing. The mechanism is principally economic and behavioural rather than pharmacological: expenditure diversion dominates, followed by intoxication-related behaviour, while consumption volume itself contributes modestly once these pathways are controlled. This finding extends a Ugandan literature that has concentrated on prevalence and on the intimate partner violence pathway, and it indicates that the family experiences substance abuse through its purse and through its member's conduct rather than through the quantity consumed as such.

Several recommendations follow. Household economic protection should be prioritised, since expenditure diversion is the dominant pathway; this points toward interventions that secure household income against diversion, including savings arrangements with joint control, income routing through the non-using spouse where feasible, and the integration of substance-affected households into existing livelihood programmes, rather than toward consumption reduction alone. Brief intervention should be integrated into primary care at health centre level, given evidence of its efficacy for harmful and hazardous alcohol use in low- and middle-income countries (Ghosh et al., 2022) and given that specialised treatment is concentrated at referral level and is therefore inaccessible to most households in a rural town council. Treatment and support should be family-inclusive rather than individual-only, since Ssebunnya et al. (2020) documented that the family is already the de facto response system, struggling to find all possible means of stopping the person from drinking, and a clinical model addressing only the individual leaves that system unsupported. Social participation should be strengthened, since Satinsky et al. (2022) demonstrated that it buffers the adverse effects of childhood adversity on later heavy consumption, which identifies an intervention point requiring no clinical infrastructure and offering a means of interrupting intergenerational transmission. Local enforcement of the Narcotic Drugs and Psychotropic Substances (Control) Act, 2023 (Republic of Uganda, 2024) and of licensing conditions governing drinking establishments should be strengthened, with particular attention to the density of outlets along the transport corridor.

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ISSN: 3006-6417
Vol. 5 Issue 7, July- 2026, Pages: 368-386

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