

**FACTORS ASSOCIATED WITH DEGREE OF  
ALCOHOLISM IN THE HOUSEHOLDS OF BARANGAY  
EAST VALENCIA, BUENAVISTA, GUIMARAS**

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## **ABSTRACT**

### **FACTORS ASSOCIATED WITH DEGREE OF ALCOHOLISM IN THE HOUSEHOLDS OF BARANGAY EAST VALENCIA, BUENAVISTA, GUIMARAS**

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The study was designed to determine the association between selected factors and degree of alcoholism of the drinkers of East Valencia, Municipality of Buenavista, Province of Guimaras. The population consisted of all the drinkers of East Valencia, comprising about 509 persons in 457 households. They were tested for degrees of alcoholism, using a standardized psychological tool for assessing alcohol dependency appearing in the DSM-IV. They were classified as Social Drinkers, Early Alcoholics, True Alcoholics and Full-Blown Alcoholics.

Three types of factors (independent variables) were considered to be associated with degree of alcoholism, namely: genetic factor, social factors (socio-demographic and peer influence) and drinking practices factors.

A researcher-made interview guide served as tool to the structured interview, and duly validated by the panelist was used to gather data. Processing of the data was done using the Statistical Package for Social Sciences (SPSS) Windows Version 10.

## **Hypothesis of the Study**

The study attempted to test the hypotheses that:

1. Drinker's genetic endowment is significantly associated to degree of alcoholism.
2. The drinker's social environment such as socio-demographic variables and peer pressure are significantly associated to degree of alcoholism.
3. The drinking practices variables, such as: age onset of drinking, frequency of drinking, preferred liquor, time of drinking, average number of bottles per drinking session, average weekly alcohol expenses and motives for drinking are significantly associated to degree of alcoholism.
4. The drinker's social environment exerts greater influence than the drinker's genetic endowment to the development of alcoholism.

## **Major Findings**

More than half of the population is male, young, single and jobless and have reached the elementary level or finished it. Majority of the households had a monthly income ranging from Php1,000.00 to Php 4,999.00. The mean, median and modal income is Php2,000.00 per month. Three fourths of the population does not drink any hard liquor while the remaining one fourth drinks in different degrees.

The drinkers are mostly male from ages 21–50, are married with an elementary level education and earning income by doing manual labor. Most of the drinkers are in the Early Stage of Alcoholism. And about a quarter of the drinkers is a Full-blown Alcoholic. A majority of the households has Early Alcoholic members. About 20 percent

of the households had no drinking member. One out of every five households has Full-Blown Alcoholic members.

Only the drinker's Family History of Alcoholism (FHA) variable is positively associated with the drinker's degree of alcoholism of the genetic variables. There is no significant association between parent-child drinking in one household and degrees of alcoholism, showing that the genes cannot solely determine or influence alcoholism.

The age of drinker was seen to be positively associated with degree of alcoholism. Educational level of drinker and drinker's household monthly income level were seen to be inversely associated to degree of alcoholism. Gender, status and job of drinker were not seen to be significantly associated to degree of alcoholism. There is no significant association between the variables of the drinking habit factor and drinker's degree of alcoholism, which also denies the hypothesis that peer influence is associated to the drinker's degree of alcoholism.

The majority of drinkers started to drink from age 16-25 years old, 1-3 bottles of whiskey, daily, or every other day in the evening, between 4-6 p.m. Their main reason for drinking is to relax after a hard day's work in order to numb their tiredness and also as a stimulant for the rest of the night. Their average alcohol consumption exceeds the limit for moderate drinking leading them into alcoholism and experience the symptomatic effects of alcoholism like hang-over, bodily pains and illnesses coupled with an urge to drink.

Frequency of drinking, liquor preferred, average number of bottles per session average weekly alcohol expenses and motives for drinking are positively associated with

degree of alcoholism. The drinker's age at onset of drinking is negatively associated with the drinker's degree of alcoholism

The drinkers of East Valencia experience varied effects of drinking, both for themselves and for their families, like hang-over, bodily pains as well as sickness, family quarrels, and missing their job or schooling due to their drinking. Their households experience the existence of many family problems such as financial constraints, illnesses and marital quarrels leading to broken families. Moreover, their families also experience alcohol-related domestic abuse like verbal abuse, economic abuse and physical abuse.

### **Conclusions**

With the major just findings cited, it can be concluded that:

1. Brgy. East Valencia is plagued with the disease of Alcoholism, with the predominance of the beginners in drinking (Early Alcoholics) followed by those in the final stage of the disease (Full Blown Alcoholics).
2. Those who have a history of family alcoholism have the higher risk to contracting alcoholism as a disease. But the presence of both parent-children drinking in one household does not necessarily indicate high risk for alcoholism.
3. The youth and the young adults are most susceptible to the disease of alcoholism, which develops as the drinker gets older in the habit of drinking. Low education and low household monthly income supports the development of the higher degrees of alcoholism. Social influence such as peer pressure to drink cannot be responsible for the alcoholism of persons who drink in a group.
4. The young (16-25) are most vulnerable to starting the habit of drinking. The more frequent the drinkers drink, the higher their alcoholism level. The higher the

alcohol content of the liquor preferred, the higher the alcoholism level. The more bottles drank per session, as well as the more expenses on alcohol weekly, the higher the alcoholism level of the drinker. And finally, the more reasons the drinker has in drinking, the higher his or her degree of alcoholism.

5. Since environment has a higher contribution to the development of alcoholism, interventions maybe focused on the social factors of alcoholism.

6. Alcoholism is disastrous to both the drinker and his family because of the many ill effects of drinking to both the body and soul of the drinker as well as the family relationships.

### **Recommendations**

After having discovered the extent of alcoholism in Barangay East Valencia, the following recommendations are proposed by the researcher:

1. Since more than half of the drinkers are only starting to contract the disease, being Early Alcoholics, they can still be easily drawn away from the habit and recover by applying a professional assistance to alcoholism, through an Alcoholism Recovery Program to be implemented by the Department of Health in the barangay level.

2. Those who are FHA positive maybe discouraged to drink immoderately by informing them of their high risk for contracting alcoholism as a physical disease.

3. Since most of the drinkers are the youth and the young adults, alternative community recreation for the young maybe initiated to distract them from alcoholism.

4. Since most of the drinkers have less education, scholarship programs for the youth, and adult education for the adults maybe made available and encouraged.

5. To break the cyclic causation between poverty and alcoholism income generating projects maybe introduced in this area to be facilitated by both GO's and NGO's, to arrest poverty and consequently alcoholism, which accompanies it.

6. Since alcohol does not reduce stress but the presence of a support group in drinking, peer influence maybe still be used for stress-reduction of persons who are low in stress management, but without alcohol in alternative group dynamics. In this way social influence will become good influence. Here the residents will learn to share their experiences and problems without necessarily drinking and spending.

7. Advertisement against alcohol abuse should be done to the young, to discourage the habit early in life.

8. Government regulation should strictly impose the MLDA or the minimum legal drinking age at 21 to discourage the early onset of drinking.

9. The government regulates the alcohol content of most liquors being sold to a level that is neither addictive nor detrimental to health.

10. The price of alcohol be raised by raising the excise taxes on alcoholic beverages, to reduce alcohol consumption, expressed as average number of bottles consumed per drinking session, the frequency of drinking and the weekly alcohol expenses on alcohol.

11. Drinkers will be encouraged to drink moderately through an information drive on the benefits of moderate drinking and the consequences of alcohol abuse.

12. To offset the drinker' motives for drinking, which is mainly to relax or reduce stress, other skills on stress management maybe given through trainings and adult



education services. Those who drink to medicate maybe encouraged to take herbal beverages, which have no ill effects to the body.

13. Since social factors exert greater influence than genetic factors, social interventions recommended in this study maybe given priority to control the degree of alcoholism of the drinkers in East Valencia.

14. The community be informed of the ill effects of drinking on the body and soul of the drinker as well as on the social relationships in the family and in the community in order to discourage drinking immoderately leading to alcoholism.

15. Since the family is not alien to the ill effects of drinking and alcoholism, future research may focus on the dynamics of alcoholism in the family, the factors and the solutions for family alcoholism.