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## Sociodemographic Predictors of Beliefs and Alcohol Beverage Preferences in Jos South Local Government Area, Nigeria

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### Research Article

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## ABSTRACT

### Background

This study examined the relationship between sociodemographics, beliefs, and alcohol beverage preferences among adults in Jos South Local Government Area (LGA), Nigeria. Beliefs are cognitive representation of what person accepts as true or real, Sociodemographics including age, sex, marital status, educational attainment, employment status, income level, and religious affiliation remain critical predictors of beliefs.

### Methods

A cross-sectional design was adopted to assess sociodemographic predictors of beliefs and alcohol beverage preferences among adults. Two hypotheses were addressed.

### Results

Burkutu emerged as the most preferred alcohol beverage and Chi-square analysis showed no association between sociodemographic and beliefs. This finding suggests that beliefs were relatively consistent across demographic groups. In contrast, analysis of variance revealed an association between sociodemographic characteristics and alcohol beverage preferences, indicating that demographic factors accounted for variance in beverage choice.

### Conclusion

The findings demonstrate a divergence between beliefs and preferences related to alcohol use. While beliefs appear to be shared across sociodemographic groups, alcohol beverage preferences are associated with demographic and contextual factors. These results highlight the importance of incorporating sociodemographic and cultural considerations into alcohol prevention and harm reduction strategies in Nigeria.

### KEYWORDS:

Sociodemographic, belief and alcohol beverage preferences

## INTRODUCTION

Alcohol consumption continues to represent a significant global public health challenge, accounting for substantial morbidity, mortality, and social harm across populations (Rehm et al., 2022; World Health Organization [WHO], 2022). Harmful alcohol use is associated with non-communicable diseases, injuries, mental health disorders, interpersonal violence, and economic losses, disproportionately affecting low- and middle-income countries where regulatory and health system responses are often limited (Room et al., 2020; WHO, 2022).

“Beliefs” are cognitive constructs that represent what a

person accepts as true or real, often guiding perception, judgment, and behavior. They are internalized ideas about the world, people, or oneself, and can be influenced by culture, experience, education, and social context (Ajzen, 1991; Rokeach, 1968). Beliefs about alcohol—such as perceptions of health risks, social acceptability, and perceived benefits—is associated with drinking behaviour and beverage preferences. Recent evidence indicates that beliefs influence not only consumption decisions but also beverage selection, drinking contexts, and harm-reduction practices (Brown et al., 2024; Buss et al., 2025). These beliefs are embedded within broader sociocultural

environments and are associated with family norms, peer networks, religious values, media exposure, and public health messaging.

Sociodemographics including age, sex, marital status, educational attainment, employment status, income level, and religious affiliation remain critical predictors of beliefs and beverage choices (Rehm et al., 2022; Kokole et al., 2025). Emerging studies highlight that disparities in alcohol-related knowledge and attitudes persist across demographic groups, influencing both preferences for specific beverage types and vulnerability to harmful drinking patterns (Brown et al., 2024), understanding these will be essential for designing targeted and equitable alcohol prevention and control strategies.

In Nigeria, alcohol consumption patterns exhibit substantial heterogeneity across regions and population subgroups, driven by cultural diversity, religious norms, urbanization, and socioeconomic inequalities (Igwe et al., 2024; Adamson et al., 2025). While national and institutional studies provide valuable insights, data associated with beliefs and beverage preferences in community-based semi-urban settings in Nigeria is scarce. Addressing this gap is critical for informing culturally appropriate interventions and supporting the implementation of the WHO Global Alcohol Action Plan (2022–2030) at the local level (WHO, 2022) and Jos South Local Government Area (LGA) of Plateau State represents a socially and culturally diverse context where commercially produced and locally brewed alcohol beverages are widely available but under-reported. This study therefore is will answer the following questions:

1. What is the sociodemographic characteristics associated with beliefs
2. How can sociodemographic characteristics determine alcohol beverage preferences

### Objectives

The following are the specific objectives of the study:

1. To examine the association between sociodemographic characteristics and beliefs.
2. To determine the relationship between sociodemographic characteristics and alcohol beverage preferences.

### Research Hypotheses

1. Sociodemographic characteristics will be associated with beliefs.
2. Sociodemographic characteristics will be associated with alcohol beverage preferences.

## CONCEPTUAL FRAME WORK

### Belief-Mediated Pathways to Beverage Choice

Understanding how beliefs influence alcohol beverage choice benefits from a social-ecological and cultural cognition framework. Alcohol consumption patterns are embedded within broader social contexts and cultural norms that shape individual attitudes, expectations, and perceived social approval of drinking behaviours (Sudhinaraset et al., 2016). Cultural and social contexts provide normative frameworks through which individuals interpret and justify alcohol use, influencing not only whether people drink but also what they drink (Sudhinaraset et al., 2016; see also systematic reviews of sociocultural factors in alcohol consumption patterns; Khamis et al., 2022). For example, in many communities, locally brewed beverages carry specific cultural meanings related to social belonging, communal identity, or rites of passage, making these beverage choices more attractive to individuals whose belief systems reinforce those meanings.

Within this model, beliefs function as cognitive interpreters of social norms and personal attitudes, shaping how individuals appraise different alcoholic options in relation to their goals (e.g., stress relief, social connectedness, status) and cultural expectations (Sudhinaraset et al., 2016). Normative beliefs may increase the likelihood of selecting particular beverage types when those beverages are culturally valued or socially validated. Conversely, beliefs that emphasize moderation or health risks may reduce preference for stronger beverages or high-alcohol content drinks. In this way, culturally rooted beliefs can influence beverage choice over and above demographic predictors, operating through perceived benefits, normative approval, and identity alignment within specific drinking contexts.

## METHOD

### Study Design

A cross-sectional study design was employed to assess sociodemographic predictors of beliefs and alcohol beverage preferences among adults. This design is an acceptable approach in contemporary alcohol epidemiology to examine population-level associations between demographic characteristics and behavioural outcomes. The study is conducted in Jos South Local Government Area of Plateau State, Middle-belt Nigeria. The area is characterized by ethnic, religious, and socioeconomic diversity, with widespread access to both commercially manufactured and locally produced alcohol beverages, reflecting broader national consumption trends.

### Population

The study population comprised adults aged 18 years and above who consume alcohol and are residents of Jos South LGA at the time of data collection.

### Inclusion Criteria

Participants must be adults aged  $\geq 18$  years, must be residing in Jos South LGA as at the time of data collection, report to consume only alcohol at least once in the past three months and give their consent to participate.

### Exclusion Criteria

Individuals with severe mental illnesses that interfere with their daily functioning or cognitive impairment, those experiencing withdrawal symptoms at the time of data collection that may affect participation and those who are temporary visitors or non-residents of Jos South LGA are excluded. Also, those observed to be drunk are not allowed to participate.

### Sampling Technique and Sample size

The authors adopted a multistage sampling technique to gather a representative sample: A random selection of 3 wards were made; Vwang, Zawan and Gyel from the five (5) wards within Jos South LGA, furthermore, selection of communities within the chosen wards. A purposive sampling strategy was employed to recruit eligible adults who were present at the venues and consented to participate. The author visited the community using key informant to purposely identify and select venues with large participants. Data were collected in the afternoon before the approved time for alcohol sales commence, sale

is banned in the morning. The data were gathered on-site through self-administered questionnaires, and recruitment continued until the predetermined sample size of 200 participants was reached. Participant distribution across 7 drinking sites randomly selected was

unequal, reflecting natural variation in venue patronage and differential willingness to participate. Specifically, 31 participants were recruited from the first site, 24 from the second, 28 from the third, 22 from the fourth, 43 from the fifth, from the sixth site 9 and 43 from the seventh sites. To ensure confidentiality participants were permitted to complete the questionnaires privately and submit.

Sample size was determined using Cochran's formula for cross-sectional studies, with assumptions based on estimated alcohol use prevalence, a 95% confidence level, and a 5% margin of error. An allowance for non-response was included to ensure adequate statistical power (Cochran, 1977).

### Data Collection Instrument

Data were collected using a self-administered questionnaire, comprising of four sections: Section A: of the questionnaire contained Sociodemographic characteristics that is; age, sex, marital status, education, and occupation. Section B: Preferences for alcohol beverages which captured beer, wine, Gin/spirits, and Burkutu, (a locally processed alcohol).

Section C employed the General Attitude and Belief Scale (GABS; DiGiuseppe et al., 1988), a 26-item self-report instrument assessing rational and irrational beliefs on a Likert scale ranging from strongly disagree to strongly agree. Items are scored such that higher scores indicate irrational beliefs and lower scores indicate rational beliefs (Bernard, 1998). The scale comprises seven subscales: rationality, self-downing, need for achievement, need for approval, need for comfort, demand for fairness, and other-downing. Reported Cronbach's alpha coefficients ranged from 0.62 to 0.88 across subscales, indicating acceptable to high internal consistency. Overall reliability was strong, with alpha values of 0.74 for rationality and 0.85 for irrationality, supporting the scale's psychometric adequacy (Douglas, 2015) and a Cronbach alpha of .713 in this study area suggesting an acceptable score for use in Nigeria population.

Section D: utilized the WHO-developed Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to

assess substance use (WHO, 2002; Newcombe et al., 2005). The ASSIST consists of eight items, with seven assessing alcohol and other substances and one addressing non-prescribed synthetic drugs. This questionnaire enabled the researchers screen and admit only participants with alcohol consumption. Among Nigerian undergraduates, the scale demonstrated high internal consistency, with a Cronbach's alpha of 0.91 (Peter et al., 2014). Domain-specific reliability coefficients ranged from 0.66 to 0.89. The instrument was pretested in a similar community to assess clarity, cultural appropriateness, and internal consistency, in line with contemporary scale development guidelines. The corresponding author is open to making available upon request the data used and also willing to share anonymized datasets. The two questionnaires are added as Appendix.

### Data Analysis

All analyses were conducted using IBM SPSS (Version 23). Prior to hypothesis testing, data were screened for

completeness, distributional assumptions, and outliers. Descriptive statistics (frequencies, percentages, means, and standard deviations) were computed to summarize participants' sociodemographic characteristics and alcohol beverage preferences. Inferential analyses included chi-square tests to examine associations between sociodemographic variables and beliefs, followed by multiple linear regression to identify independent predictors of sociodemography and beverage preferences. Statistical significance was set at  $p < .05$ . Of the 200 questionnaires administered, cases with incomplete responses on variables included in specific analyses were excluded using listwise deletion.

### Ethical Considerations

The study adhered to the principles of the Declaration of Helsinki (World Medical Association, 2013). Written informed consent was obtained from all participants, confidentiality was maintained, and participation was voluntary.

### RESULT

Variable	Category	n	%
Sex	Male	110	55.8
	Female	87	44.2
Age (years)	18-30	46	24.6
	31-40	66	35.3
	41-50	46	24.6
	51+	29	15.5
Education	Primary	23	11.6
	Secondary	59	29.8
	Tertiary	99	50.0
	Dropout	17	8.6

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Variable	Category	n	%
Marital Status	Single	47	24.2
	Married	113	58.2
	Divorced	19	9.8
	Separated	15	7.7
Type of Alcohol Preference	Beer	54	27.0
	Gin/Spirit	24	12.0
	Burkutu	63	31.5
	All Kinds	49	24.5
	Beer & Gin	3	1.5
	Beer & Burkutu	4	2.0
	Gin & Burkutu	3	1.5

**Table 1: Demographic Characteristics of Participants**

Test	$\chi^2$	df	<i>p</i>
Pearson Chi-Square	289.61	360	.997
Likelihood Ratio	229.25	360	1.000
Linear-by-Linear Association	0.19	1	.665

**Table 2: Chi-Square Test of Association Between Sociodemographic Variables and Beliefs**

**Note.** Analyses were based on 143 complete cases after exclusion of missing data. Although no statistically association was observed between sociodemographic characteristics and beliefs, the effect size was negligible, indicating that participants were not meaningfully more or less likely to accept specific belief patterns based on demographic position.

Source	SS	df	MS	F	P
Between group	61.49	6	10.25	3.19	.005
Within group	550.29	171	3.22		
Total	611.78	177			

**Table 3: One-Way Analysis of Variance (ANOVA) for Differences in Sociodemographic and Alcohol beverage preferences**

**Note.** Mean alcohol preference scores differed across beverage groups, with beverage type accounting for approximately 10% of the variance, indicating a modest but meaningful differentiation in engagement patterns. However, significant variance heterogeneity and zero variance in at least one group limit statistical robustness, warranting cautious interpretation of the observed between-group differences.

## DISCUSSION

The first hypothesis, which proposed association between sociodemographic and beliefs was not supported by the findings. The chi-square analysis revealed no association. This suggests that beliefs were largely independent of demographic factors and remained relatively consistent across different groups within the study population. This outcome aligns with previous research indicating limited influence of sociodemographic factors on belief. For instance, Mehra et al. (2025) found no significant associations between beliefs about Evidence-Based Practice and variables such as sex, marital status, educational attainment, and professional designation. Similarly, Cain et al. (2016) reported that health-related beliefs among African-Americans did not differ across groups demography. In addition, Adamson et al. (2025) reported a lack of community-level evidence linking demographic predictors to alcohol-related beliefs. Evidence from Nigerian settings on how demographic factors interact with cultural and socioeconomic conditions in association to beliefs also remains scarce (Igwe et al., 2024; Adamson et al., 2025). Overall, these findings reinforce the view that beliefs may be associated by cultural norms and experiences than by demographic differences alone.

In contrast, the second hypothesis indicates that sociodemographic factors accounted for the variance in alcohol preferences because of availability and cultural

acceptability within the community of study. Local production is prevalent, in Vwang district alone there are 14 brewing houses (Dankyau, 2021). This finding is consistent with existing empirical literature demonstrating that sociodemographic characteristics are closely linked to alcohol consumption patterns and related harms (Rehm et al., 2022; Buss et al., 2025). In the Nigerian context, Igwe et al. (2024) noted that locally brewed alcohol beverages remain widely consumed due to affordability and strong cultural embeddedness, which may explain the high preference for Burkutu observed in the present study.

International evidence further supports these findings. Ferrari et al. (2014) reported that men, particularly those aged 30–45 years, were more likely to prefer spirits, while younger women tended to favour milder alcohol beverages such as wine or mixed drinks, highlighting the role of age and gender in deciding beverage-specific preferences. Similarly, data from the NQplus study showed that wine consumption was more common among older adults and individuals with higher educational attainment, whereas beer consumption was more prevalent among men and smokers, underscoring clear sociodemographic differentiation in beverage choice (van den Broek et al., 2017). Broader epidemiological research also consistently links age, gender, and education to alcohol consumption patterns, with men generally consuming alcohol more frequently and in greater quantities than women, and younger adults exhibiting distinct drinking profiles

(Wilsnack et al., 2018). Global evidence further confirms that drinking patterns vary substantially across age and gender groups, reflecting cultural and socioeconomic influences (World Health Organization [WHO], 2018).

Taken together, the findings of the present study align closely with prior public health and epidemiological research. While beliefs about alcohol appear to be relatively uniform across sociodemographic groups, alcohol beverage preferences are associated with demographic characteristics. This distinction underscores the importance of considering demographic context when designing alcohol-related interventions, policies, and prevention strategies.

## CONCLUSION

This study examined the influence of sociodemographic characteristics on beliefs and alcohol beverage preferences among adults in Jos South Local Government Area, Nigeria. The findings demonstrate a clear divergence between beliefs and behavioral preferences. While sociodemographic variables such as age, sex, education, and marital status were not significantly associated with beliefs, they were significantly associated with alcohol beverage preferences, accounting for a moderate proportion of the observed variance. These results suggest that beliefs are relatively stable and shared across demographic groups, possibly associated by common cultural norms and social experiences. In contrast, alcohol preferences appear to be more sensitive to demographic, socioeconomic, and cultural factors.

The study contributes to the limited body of community-based evidence from semi-urban Nigerian settings and supports existing global and regional research indicating that demographic factors play a critical role in shaping alcohol consumption behaviors. By highlighting the differential influence of sociodemographic characteristics on beliefs versus preferences, the findings provide valuable insights for public health planning and alcohol harm reduction efforts. Overall, the study underscores the need for context-specific, evidence-informed strategies to address alcohol use in Nigeria, in line with the objectives of the WHO Global Alcohol Action Plan.

## Limitation

The study employed a cross-sectional design, which precludes causal inference. Although associations and

group differences were identified, the temporal direction between beliefs, sociodemographic factors, and alcohol-related behaviors cannot be determined. It therefore remains unclear whether beliefs shape alcohol preferences or whether engagement in particular drinking practices reinforces specific belief systems. Also, substantial proportion of cases were excluded due to missing data. The reliance on self-report measures introduces potential sources of bias, including social desirability bias, recall bias, and underreporting of alcohol-related behaviors. The sampling strategy was community-based and purposive rather than probability-based, which limits generalizability. Finally, the study was conducted within a single semi-urban community. Cultural norms, economic stressors, and belief systems vary across regions, and replication across diverse Nigerian and broader sub-Saharan African contexts is necessary to strengthen external validity.

## Implication

These findings have direct implications for scalable mental health and alcohol harm-reduction strategies in low- and middle-income countries. The absence of meaningful demographic differentiation in belief patterns suggests that alcohol-related cognitions may operate as community-wide normative frameworks rather than subgroup-specific attitudes. As such, interventions targeting only specific age or sex groups may overlook the broader cultural drivers sustaining alcohol engagement. The observed beverage-group differentiation indicates that alcohol use patterns are meaningfully organised around culturally salient beverage types. The findings further support the conceptualisation of alcohol use as belief-driven engagement, highlighting the need to integrate culturally adapted cognitive-behavioural components into primary care and community-based mental health services. Finally, these results reinforce the importance of addressing social determinants of mental health alongside behavioural interventions. Alcohol-related risk-taking in low-resource communities may reflect stress exposure, economic insecurity, and limited social services.

## Recommendation

Interventions aimed at modifying beliefs related to alcohol use may not require tailoring based on sociodemographic characteristics, given the lack of significant demographic differences in beliefs.

Alcohol prevention and harm reduction interventions should be designed with careful consideration of sociodemographic differences, particularly age, sex, and education, as these factors significantly influence beverage preferences.

Public health policies should integrate local cultural and

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### APPENDIX A Section A Demographic Data

<p><b>Age:</b> (18-30) (31-40) (41-50) (51- above)</p> <p><b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><b>Educational level:</b> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> School dropout <input type="checkbox"/></p> <p><b>Marital status:</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/></p>	<p><b>3. In the past 3 months how often have you used Alcohol?</b></p> <p>Never <input type="checkbox"/></p> <p>Once or twice <input type="checkbox"/></p> <p>Monthly <input type="checkbox"/></p> <p>Weekly <input type="checkbox"/></p> <p>Daily or almost daily <input type="checkbox"/></p> <p><b>4. Which is your preferred alcohol drink?</b></p> <p>Beer <input type="checkbox"/> Gin/spirit <input type="checkbox"/> Burkutu <input type="checkbox"/> All <input type="checkbox"/></p>
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### GENERAL ATTITUDE AND BELIEFS SCALE (GABS)

**INSTRUCTIONS:** Below are 26 statements that describe how people think or believe, kindly answer all questions. Decide if you agree or disagree, it is not a test, there are no right or wrong answers.

S/N	ITEMS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	It's unbearable to fail at important things and can't stand not succeeding at them.					
	I can't stand a lack of consideration from other people, and I can't bear the possibility of their unfairness					
	Its unbearable being uncomfortable, tense or nervous and I can't stand it when I am.					
	I have worth as a person even if I do not perform well at tasks that are important to me.					
	I can't stand being tense or nervous and I think tension is unbearable.					
	It's awful to be disliked by people who are important to me, and it is a catastrophe if they don't like me.					
	If important people dislike me, it is because I am an unlikable bad person.					
	When I am treated inconsiderately, I think it shows what kind of bad and hopeless people there are in the world.					
	If I am rejected by someone I like, I can accept myself and still recognize my worth as a human being.					
	If I do not perform well at tasks that are so important to me, it is because I am a worthless bad person.					
	It's awful to do poorly at some important things, and I think it is a catastrophe if I do poorly.					
	I think it is terribly bad when people treat me with disrespect.					
	When people I like reject me or dislike me, it is because I am a bad or worthless person.					
	I cannot stand being treated unfairly, and I think unfairness is unbearable.					
	I believe that if a person treats me very unfairly they are bad and worthless.					
	I can't stand hassles in my life.					
	It's awful to have hassles in one's life and it is a catastrophe to be hassled.					
	I cannot tolerate not doing well at important tasks and it is unbearable to fail.					
	It is important that people treat me fairly most of the time, however I realize I do not have to be treated fairly just because I want to be.					
	If I do not perform well at things which are important, it will be a catastrophe.					
	It is unbearable to not have respect from people, and I can't stand their disrespect.					
	If important people dislike me, it goes to show what a worthless person I am.					
	I must be liked and accepted by people I want to like me, and I will not accept their not liking me.					

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	I want to be liked and accepted by people whom I like, but I realize they don't have to like me just because I want them to.					
	When people who I want to like me, disapprove of me or reject me, I can't bear their disliking me.					
	If people treat me without respect, it goes to show how bad they really are.					



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