ALCOHOL USE SOCIOECONOMIC STATUS AND PSYCHOLOGICAL WELLBEING: A CASE STUDY OF HOUSEHOLD HEADS IN KATOR PAYAM JUBA SOUTH SUDAN

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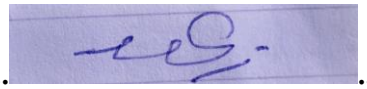
DECLARATION

I, Zahra Paul Ngor Chol, thus certify that the content of this study report is entirely my own work, based on thorough research, consultations, and meticulous analysis. As a result, it has never been submitted or presented to any educational institution to receive educational acknowledgment.

Signature…  …… Date …10/02/2025……

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APPROVAL

I accordingly confirm that I oversaw the creation of this research paper, which is now ready for submission to the appointed committee for examination and evaluation of its academic value.

Signature ..Gooreka Okahaabwa..... Date..28/02/2025.....

Dr. Gooreka Okahaabwa, Psy D.

DEDICATION

I attribute the success of this study and book to my parents, Mr. Paul Ngor Chol and Mrs. Nyankat Ajing Jupor, as well as my sisters Mary Paul and Apiok Paul. In a particular way, I dedicate this work to my beloved husband, Dr. Yak D. Ater, and children Kuei, Ater, Achai, Deng, and Apalang for their backing and support in accomplishing this course. Finally, I dedicate it to genuine acquaintances who have made significant contributions to the completion of this study.

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LIST OF ACRONYMS

APA	American Psychological Association
AUD	Alcohol Use Disorder
AUDIT	Alcohol Use Disorder Information Test
SES	Socioeconomic Status
SPSS	Statistical Packages for the Social Sciences
SSD	South Sudan
UN	United Nations
WHO	World Health Organisation

ABSTRACT

The study looked at the relationship between alcohol consumption, socioeconomic position, and psychological well-being in Kator Payam, Juba County. The study's aims were to investigate the association between alcohol consumption and psychological well-being, socioeconomic status and psychological well-being, and the impact of alcohol use and socioeconomic status on psychological well-being in Kator Payam, Juba County. Mixed-methodologies strategy, qualitative and quantitative methods along with descriptive research and case study designs were used in the study. The study population consisted of 10,313 homes from Kator Payam, and a sample size of 370 was obtained using the Krejcie and Morgan Table (1970). The participants were chosen using stratified random sampling, simple random sampling, and purposive sampling approaches, and the data was analyzed and presented using descriptive and inferential statistical results using IBM SPSS 24. The study identified a positive and significant association between socioeconomic status and psychological wellbeing (r=.225, p< 0.01); a negative and significant relationship between the intake of alcohol and psychological wellbeing (r= -.396, p< 0.01); and a linear relationship between all variables (R= .463). The independent factors, alcohol consumption and socioeconomic level, explained 21.4 percent of the variance in psychological well-being (Adjusted R^2= .214). The report recommends government and mental health professionals create systematic plans to rectify deficiencies in national policies aimed at controlling alcohol consumption. Healthcare providers should launch campaigns to raise awareness and promote the importance of maintaining wellbeing. Additionally, residents should receive support through job training to improve their socioeconomic status, positively influencing their psychological wellbeing in multiple dimensions.

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

In this chapter, the research introduces the subject of interest and its various aspects. It encompasses the study's background, problem statement, research purpose, specific objectives, research questions, scope, justification, significance of the study, and conceptual framework.

Psychological well-being, which encompasses emotional, cognitive, and social functioning, is shaped by various personal and contextual factors. Among these, alcohol use and socioeconomic indicators; income, educational attainment, and occupation play significant roles. Excessive alcohol consumption is consistently linked to diminished psychological well-being, primarily due to its association with anxiety, depression, and impaired social relationships (World Health Organization WHO, 2018). Chronic alcohol use disrupts neurobiological processes critical for emotional regulation, further exacerbating psychological distress (Chassin et al., 2013). Conversely, moderate alcohol use, in specific sociocultural contexts, has been linked to enhanced social bonding, though findings remain inconsistent (Lang et al., 2012).

Socioeconomic status, encompassing income, education, and occupation, also critically influences psychological well-being. Higher socioeconomic status is positively correlated with better psychological health due to greater access to resources, stability, and social capital (Marmot, 2015). Educational attainment fosters problem-solving skills and adaptability, buffering individuals against stress (Elliott & Chapman, 2016). Occupation reflects not only financial security but also self-worth and social identity, with lower-prestige jobs often linked to higher stress and reduced well-being (Kessler et al., 2014). Importantly, socioeconomic status and alcohol use may interact

synergistically. Lower socioeconomic status individuals often experience higher alcohol-related harms due to cumulative stressors and reduced access to healthcare (Probst et al., 2015). The interaction of alcohol use, psychological well-being, and socioeconomic level piques researchers' interest, which is why this study focuses on investigating these variables in the setting of Kator Payam, Juba County. The goal is to add to the academic literature on this topic.

1.1 Background to the Study

1.1.1 Historical Perspective

The relationship between psychological well-being and predictor variables such as alcohol use, income, educational attainment, and occupation has evolved across historical contexts. Traditionally, psychological well-being was often conceptualized narrowly, but modern frameworks recognize its multidimensional nature, incorporating emotional, social, and functional health (Ryff & Keyes, 1995). Alcohol use has been historically linked to social and psychological outcomes, with excessive consumption consistently associated with poorer mental health. In the 19th and early 20th centuries, temperance movements highlighted alcohol's adverse effects on societal well-being. Contemporary research reinforces these concerns, demonstrating that heavy drinking increases the risk of depression and anxiety (Grant et al., 2015). However, some studies suggest moderate consumption, in specific cultural contexts, may enhance social connectedness, a key component of psychological well-being (Lang et al., 2012).

Socioeconomic indicators; income, education, and occupation have long been recognized as critical determinants of health. During industrialization, low-income workers faced heightened mental health risks due to poor working conditions and limited resources. Today, higher income and education are linked to greater access to mental health services, lower stress, and improved resilience (Marmot, 2015). Occupation

shapes self-identity, with job security and prestige positively correlating with psychological well-being (Elliott & Chapman, 2016). These variables interact, as lower socioeconomic status exacerbates alcohol-related harms and reduces access to support systems (Probst et al., 2015). Addressing these interdependencies remains critical for enhancing psychological well-being in diverse populations.

1.1.2 Contextual Perspective

The interplay between alcohol use, socioeconomic status, and psychological well-being is a complex issue that has garnered significant attention in recent years. This relationship is contextualized by the broader social determinants of health, which highlight how individual behaviors, such as alcohol consumption, are influenced by socioeconomic factors. Alcohol has served various roles in society, from a cultural staple to a coping mechanism for stress. However, the consequences of its use differ markedly across socioeconomic strata. Individuals from lower socioeconomic status backgrounds often experience greater adverse effects from alcohol consumption compared to those from higher socioeconomic status, even when controlling for the quantity consumed. This disparity is known as the alcohol-harm paradox, where lower socioeconomic status individuals suffer more severe health outcomes associated with alcohol use despite similar or lower levels of consumption (Mulia et al., 2020).

Research indicates that individuals with low socioeconomic status are more likely to engage in hazardous drinking patterns, such as binge drinking, which are linked to poorer psychological well-being (The Lancet, 2022). The stressors associated with low socioeconomic status such as: financial instability, unemployment, and limited access to healthcare often lead individuals to use alcohol as a maladaptive coping strategy. This coping mechanism can provide temporary relief but ultimately contributes to a cycle of poor mental health outcomes. For instance, studies have shown that increased alcohol

consumption correlates with higher levels of anxiety and depression among lower socioeconomic status groups (Richardson et al., 2013). Furthermore, social support plays a critical role in mediating these relationships; those with stronger social networks may be less likely to engage in harmful drinking behaviors and more likely to experience better psychological well-being.

The context in which individuals live also significantly influences their drinking patterns and mental health outcomes. Neighborhood environments that lack social cohesion and support can exacerbate the negative effects of both low socioeconomic status and alcohol use. For example, individuals living in economically disadvantaged neighborhoods may face increased stressors that contribute to both higher rates of alcohol consumption and poorer mental health (Mulia et al., 2020). Conversely, supportive community environments can serve as protective factors that mitigate the adverse effects of socioeconomic disadvantage on mental health. Thus, understanding the role of social context is essential in addressing the relationship between alcohol use and psychological well-being.

Moreover, longitudinal studies suggest that changes in socioeconomic status can significantly impact drinking behaviors and psychological well-being over time. Individuals who experience upward mobility often report reductions in alcohol consumption and improvements in mental health outcomes due to increased access to resources and social support (The Lancet, 2022). In contrast, downward mobility can lead to increased alcohol use as individuals seek relief from heightened stressors associated with economic decline. This dynamic illustrates how contextual factors shape individual behaviors and health outcomes.

In conclusion, the relationship between alcohol use, socioeconomic status, and psychological well-being is multifaceted and deeply contextualized within broader social

determinants of health. Lower socioeconomic status is associated with increased harmful drinking behaviors and poorer mental health outcomes due to a combination of stressors, coping mechanisms, and social support systems. Addressing these issues requires a comprehensive understanding of both individual behaviors related to alcohol use and the broader contextual factors influencing these behaviors. Public health interventions aimed at reducing alcohol-related harm must consider these complexities to effectively improve psychological well-being among vulnerable populations.

1.1.3 Conceptual Perspective

The relationship between alcohol use, socioeconomic status, and psychological well-being is a complex interplay that can be understood through a conceptual framework incorporating different levels of alcohol consumption and Ryff's six dimensions of psychological well-being. Alcohol use can be categorized into low, medium, hazardous, and harmful levels, each with distinct implications for mental health outcomes. Socioeconomic status is assessed through indicators such as income, occupation, and educational level, which together shape an individual's access to resources and coping mechanisms. Psychological well-being is evaluated using Ryff's model, which encompasses self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff & Keyes, 1995).

Individuals with low socioeconomic status often experience higher levels of stress due to financial instability and limited access to education and healthcare. These stressors can lead to increased alcohol consumption as a maladaptive coping strategy. Research indicates that individuals from lower socioeconomic status backgrounds are more likely to engage in hazardous and harmful drinking behaviors compared to their higher socioeconomic status counterparts (Mulia et al., 2020). This trend is particularly

concerning given that hazardous drinking is associated with significant negative impacts on psychological well-being. For instance, individuals engaging in hazardous drinking may struggle with self-acceptance and personal growth due to the adverse consequences of their drinking behaviors on their health and relationships.

Moreover, the alcohol-harm paradox illustrates that individual's with low socioeconomic status experience disproportionately greater harm from alcohol use than those from higher socioeconomic status backgrounds, even when controlling for the amount consumed (The Lancet, 2022). This paradox underscores the importance of examining not just the quantity of alcohol consumed but also the patterns of use. Heavy episodic drinking, in particular, has been shown to exacerbate psychological distress and contribute to poor mental health outcomes among those with lower socioeconomic status (Jones et al., 2015). Such drinking patterns can hinder environmental mastery and purpose in life by impairing individuals' ability to manage their circumstances effectively.

In contrast, moderate alcohol use may have neutral or even positive effects on psychological well-being when consumed in social contexts that foster positive relationships. For example, social drinking within supportive environments can enhance feelings of belonging and community, thereby promoting aspects of Ryff's dimensions such as positive relations with others. However, this potential benefit is often overshadowed by the risks associated with hazardous drinking patterns prevalent among lower socioeconomic status groups.

Ecological factors also play a critical role in shaping the relationship between alcohol use and psychological well-being. Individuals living in neighborhoods characterized by social disorganization may face additional challenges that exacerbate their stress levels and increase reliance on alcohol as a coping mechanism (Richardson et

al., 2013). The lack of community resources and support systems further compounds these issues, leading to a cycle where low socioeconomic status individuals are trapped in environments that limit their opportunities for personal growth and positive relationships.

Furthermore, educational level serves as a crucial determinant of both socioeconomic status and health behaviors related to alcohol use. Higher education levels are typically associated with better health literacy, which can influence an individual's understanding of the risks associated with harmful drinking. Individuals with lower educational attainment may lack access to information about healthy coping strategies or resources for managing stress effectively. This knowledge gap can perpetuate cycles of alcohol misuse and poor psychological well-being.

In conclusion, understanding the relationship between alcohol use, socioeconomic status, and psychological well-being through the lenses of different consumption levels and Ryff's six dimensions provides valuable insights into the complexities of mental health in disadvantaged populations. The interplay between low socioeconomic status and hazardous drinking patterns significantly impacts psychological well-being by undermining self-acceptance, personal growth, and social relationships. Addressing these issues requires targeted public health interventions that consider both individual behaviors related to alcohol use and the broader contextual factors influencing these behaviors.

1.1.4 Theoretical Perspective

The relationship between alcohol use, socioeconomic status, and psychological well-being can be examined through a theoretical lens that incorporates Carol Ryff's six dimensions of psychological well-being and ecological theory.

Ryff's model of psychological well-being

Ryff's model posits that psychological well-being is multidimensional, encompassing self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989). This framework diverges from traditional views of well-being that focus solely on happiness or positive emotions, emphasizing instead a more holistic understanding of what it means to live a fulfilling life. The eudaimonic concept underlying Ryff's model suggests that true well-being arises from living virtuously and achieving personal growth rather than merely seeking pleasure (Ryff & Keyes, 1995).

From this perspective, alcohol use can be understood as both a potential barrier to and a facilitator of psychological well-being, depending on the context in which it occurs. Individuals from lower socioeconomic status backgrounds may turn to alcohol as a coping mechanism in response to the stressors associated with their socioeconomic circumstances. For instance, financial instability and limited access to healthcare can lead to increased alcohol consumption as individuals seek relief from their challenges. However, such maladaptive coping strategies are likely to undermine the dimensions of psychological well-being outlined by Ryff. High levels of alcohol use can negatively impact self-acceptance by fostering feelings of shame or guilt, eroding positive relationships with others due to social stigma or conflict, and diminishing autonomy as individuals become reliant on alcohol for emotional regulation (Mulia et al., 2020).

Conversely, individuals who engage in moderate alcohol consumption within supportive social contexts may experience enhanced psychological well-being. For example, social drinking in a safe environment can foster positive relationships and contribute to feelings of belonging and community. In this sense, alcohol use can serve as a tool for social connection that promotes certain aspects of Ryff's model. However,

the key lies in the balance and context of consumption; excessive drinking undermines environmental mastery and purpose in life by creating barriers to achieving personal goals and maintaining control over one's circumstances (Richardson et al., 2013).

Ecological theory

Ecological theory further enriches this discussion by emphasizing the importance of context in shaping individual behaviors and outcomes. Developed by Urie Bronfenbrenner, ecological theory posits that human development is influenced by various interconnected systems ranging from immediate environments (microsystems) to broader societal contexts (macrosystems) (Bronfenbrenner & Morris, 2006). Within this framework, individuals navigate multiple layers of influence that affect their alcohol use patterns and psychological well-being. For instance, an individual's immediate family environment may either promote healthy coping strategies or normalize excessive drinking behaviors. Similarly, community resources such as support groups or recreational activities can provide alternative avenues for stress relief that do not involve alcohol.

The intersection of Ryff's dimensions with ecological theory highlights the complex interplay between individual choices and contextual factors. A person's socioeconomic status significantly shapes their ecological environment; those from lower socioeconomic status backgrounds may have limited access to resources that promote psychological well-being. For example, they may lack access to mental health services or engaging community programs that foster personal growth and social connections (Mulia et al., 2020). This lack of access can perpetuate cycles of disadvantage where increased alcohol use exacerbates mental health challenges, further diminishing overall well-being.

Moreover, the role of social support emerges as a crucial element in this theoretical framework. Research indicates that strong social networks can mitigate the negative effects of stressors associated with low socioeconomic status and high levels of alcohol consumption (The Lancet, 2022). Individuals who feel supported are more likely to engage in adaptive coping strategies rather than resorting to alcohol as a means of managing their emotions. Thus, enhancing social support within communities can serve as an effective intervention strategy aimed at improving psychological well-being among vulnerable populations.

In conclusion, examining the relationship between alcohol use, socioeconomic status, and psychological well-being through the lenses of Ryff's six dimensions and ecological theory reveals a complex interplay influenced by individual behaviors and contextual factors. Alcohol use can serve both as a barrier to achieving optimal psychological well-being and as a potential facilitator within supportive contexts. Understanding these dynamics is essential for designing effective public health interventions aimed at addressing the needs of individuals across different socioeconomic strata while promoting holistic approaches to mental health.

1.2 Statement of the Problem

According to the World Health Organization (WHO, 2014), approximately 2 billion individuals worldwide consume alcoholic beverages. In Africa, Nigeria led in alcohol consumption per capita at 13 liters annually, followed by South Africa and the Kingdom of Eswatini at 9.9 and 9.3 liters respectively (Statista, 2019). In East Africa, Uganda had the highest levels of alcohol consumption on the continent, with an average of 23.7 liters per year (WHO, 2014). Globally, WHO (2014) estimated that around 80 million people could potentially be diagnosed with alcohol use disorder. In South Sudan, local media reports indicated that alcohol use posed a significant challenge, with about 90%

of the youth engaged in harmful and hazardous alcohol consumption (South Sudan Nation, 2013). Alcohol use contributed to 4% of the global disease burden, negatively impacting both physical and mental health, and sometimes resulting in fatal outcomes. WHO (2014) approximated that alcohol use accounted for 3.2% of deaths worldwide.

Around 50% of the South Sudanese population fell between the ages of 15 to 65, with 90% of the youth involved in harmful or hazardous alcohol use, as stated in the National Bureau of Statistics report for South Sudan (2020). Since approximately 73% of the population was unemployed or inactive, the study focused on household heads as essential respondents. Household heads typically had means of income and often held informal or subsistence farming occupations, with 42% engaged in agriculture, 56% in the services sector, and 2.4% in the industry sector (Mangar, 2013). Income means influenced the frequency and volume of alcohol consumption, thus affecting socio-economic status and psychological well-being.

Given the low socioeconomic status in an underdeveloped nation and the prevalence of heavy episodic drinking of alcoholic beverages, it was relevant to explore the impact on psychological well-being. This research sought to investigate the correlation between alcohol use, socio-economic status, and psychological well-being, focusing on the case study of Kator Payam, Juba County.

1.3 Purpose and Objectives

1.3.1 Purpose of the study

The purpose of the study was to investigate impact of alcohol use, socio-economic status on psychological well-being in Kator Payam, Juba County.

1.3.2 Specific objectives

i. To investigate the impact of alcohol use on psychological well-being in Kator Payam, Juba County.

ii. To investigate the impact of socio-economic status on psychological well-being in Kator Payam, Juba County.

iii. To investigate the relationship between alcohol use and socio-economic status in Kator Payam, Juba County.

iv. To investigate the combined impact of alcohol use, and socio-economic status on psychological well-being in Kator Payam, Juba County.

1.4 Research Questions

i. What is the impact of alcohol use on psychological well-being in Kator Payam, Juba County.
ii. What is the impact of socio-economic status on psychological well-being in Kator Payam, Juba County.
iii. What is the relationship between alcohol use and socio-economic status in Kator Payam, Juba County.
iv. What is the impact of alcohol use, and socio-economic status on psychological well-being in Kator Payam, Juba County.

1.5 Scope of the study

1.5.1 Content scope

The research aimed to explore the link between alcohol consumption and psychological well-being, examining various levels of alcohol use, including moderate, harmful, and hazardous use. Additionally, the study investigated how socio-economic status, assessed through income, occupation, and education levels, relates to

psychological well-being. Furthermore, the research analyzed psychological well-being based on Ryff's (2005) dimensions of psychological well-being.

1.5.2 Time scope

The research study examined relevant literature over a period of ten years, covering the years from 2010 to 2020. In contrast, the researcher aimed to carry out the study within a concise timeframe of two months, specifically during the period from October to November 2021.

1.5.3 Geographical scope

The research was centered on Kator Payam, one of the three counties within Juba County, the capital city of the Republic of South Sudan.

1.6 Justification of the study

The justification for studying the relationship between alcohol use, socioeconomic status, and psychological well-being in a Kator Payam, a suburban area of a developing country characterized by weak governance, high inflation, low income per capita, an agricultural economy, and a history of conflict is grounded in the pressing need to understand how these factors intersect to affect mental health outcomes. In such a context, where economic instability and social disintegration are prevalent, individuals often turn to alcohol as a coping mechanism to manage stress and trauma. This phenomenon is particularly concerning given that alcohol consumption is a leading risk factor for numerous health issues and significantly contributes to health inequalities (The Lancet, 2022).

Research indicates that individuals with lower socioeconomic status frequently experience more severe negative consequences from alcohol use compared to their higher socioeconomic status counterparts, despite similar or lower levels of consumption. This disparity highlights the urgent need for targeted interventions in low-

income settings (Mulia et al., 2020). In Kator Payam, Juba County, a significant portion of the population falls into the low socio-economic status category, with limited daily wages and a lack of college education. The prevalence of alcohol use at relatively low prices contributes to increased alcohol consumption while psychological well-being is often overlooked, exacerbated by socio-cultural norms that stigmatize acknowledging mental health challenges among men. In areas marked by economic hardship and limited access to healthcare resources, understanding the dynamics of alcohol use and its impact on psychological well-being becomes crucial. High inflation and low income per capita can exacerbate feelings of hopelessness and despair, leading to increased alcohol consumption as individuals seek temporary relief from their circumstances.

Moreover, the ecological context in which individuals reside plays a significant role in shaping their drinking behaviors and mental health outcomes. Weak governance structures often result in inadequate social services and support systems, leaving vulnerable populations without essential resources for coping with stressors related to their socioeconomic conditions (Richardson et al., 2013). By examining these relationships within a specific suburban setting in a developing country, this study aims to provide insights into how local contextual factors influence the interplay between alcohol use, socioeconomic status, and psychological well-being.

Ultimately, this research will contribute to the development of evidence-based policies aimed at reducing alcohol-related harm and improving psychological well-being outcomes among disadvantaged populations. Understanding these complex interactions is essential for addressing the broader implications of alcohol use on public health in developing countries facing similar challenges.

1.7 Significance of the study

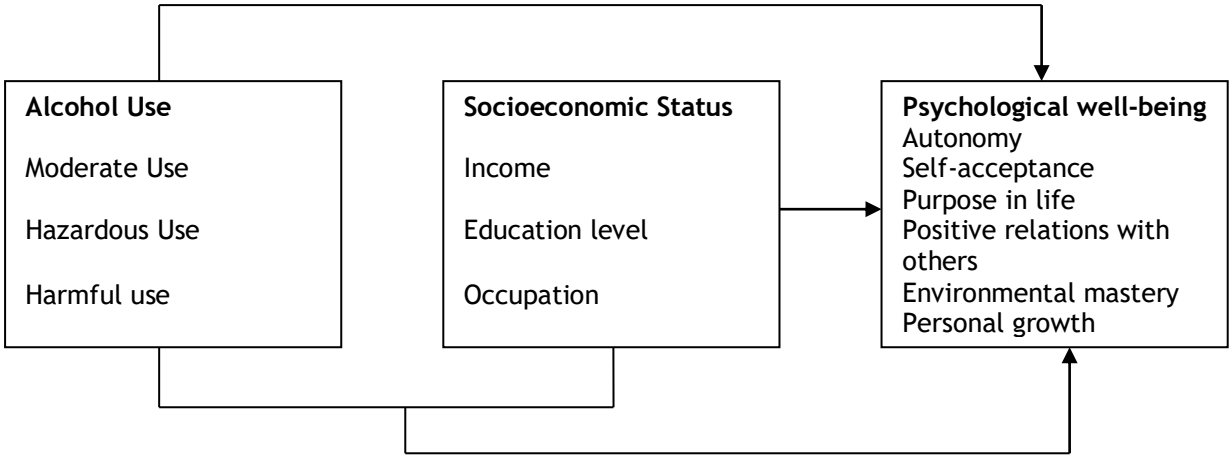
This research study aimed to expand the current academic knowledge by providing deeper insights into the relationships between alcohol use, socio-economic status, and psychological well-being. The key stakeholders would benefit from this additional information, particularly in the context of Kator Payam, Juba County, South Sudan, as it would aid in developing intervention plans to improve the psychological well-being of alcohol users across different socio-economic backgrounds.

The study was designed to establish valuable knowledge about alcohol use, socio-economic status, and psychological well-being, enabling social workers, counselors, and policymakers to develop more effective and proactive policies that promote psychological well-being among alcohol users from diverse socio-economic demographics.

The research findings were expected to offer valuable insights to counselors and therapists, helping them understand the various factors that impact psychological well-being. This information would enable them to grasp the essential causal factors that have the most significant influence on mental health well-being.

Furthermore, this study was intended to serve as a guide for future researchers and academicians, suggesting potential areas for further exploration in their research endeavors. Additionally, it was anticipated that this research would act as a benchmark for comparison with future research findings, helping to advance knowledge in this area.

1.8 Conceptual framework



(Source: **Primary data, 2023**)

In this research, alcohol use and socio-economic status were considered as separate factors, while psychological well-being was viewed as the outcome influenced by these variables. The primary objective was to investigate how both socio-economic status and alcohol use affected the positive functioning of an individual's psychological well-being. This approach proved suitable for investigating the research objectives, which included understanding how alcohol use and socio-economic status individually and collectively impacted psychological well-being, as well as how alcohol use influenced socio-economic status.

To scrutinise alcohol use as an independent variable, the study utilized indicators like moderate use, hazardous use, and harmful use to explore their impact on psychological well-being. For socio-economic status, indicators such as income, education level, and occupation were used to understand how this variable influenced psychological well-being. The dependent variable, psychological well-being, was probed based on Ryff's (1989) six dimensions of positive functioning, including autonomy, environmental mastery, self-acceptance, personal growth, positive relationships with

others, and purpose in life. These dimensions were used to gauge how the dependent variable responded to the influence of the predictor variables.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, relevant information is presented from various texts and publications, focusing on subjects pertinent to the research problem. The section encompasses discussions on alcohol use, socio-economic status, and psychological well-being.

2.1Study variables

2.1.1Socioeconomic status

Socio-economic status refers to an individual's or group's social class or position, which is determined by three key factors: income, education, and occupation (American Psychological Association, 2016). This status can be evaluated at the individual, neighborhood, or national levels and is commonly categorized as low, middle, or high. Income is measured by an individual's earnings, including salary, wages, and income from inheritance, investments, and savings. Education is assessed based on the level of academic achievement, such as completing high school or obtaining a college degree. Individuals without a high school certificate are considered to have a low socio-economic status, while those with a high school certificate or some vocational diploma fall into the middle socio-economic status category. On the other hand, people with a college degree or higher are classified as having a high socio-economic status. Assessing occupation, in relation to the other two factors of socio-economic status, can be challenging, but it can be based on an employment position's earning potential and the academic requirements for that position (American Psychological Association, 2016).

2.1.2 Alcohol use

Alcohol use pertains to the amount of alcoholic beverages consumed and can be categorized into moderate, hazardous, and harmful levels. Firstly, moderate alcohol use is when a woman consumes up to one standard drink per day, and for men, it is up to one or two alcoholic drinks a day (WHO, 2018). Secondly, hazardous alcohol use, also known as heavy episodic drinking or binge drinking, involves an individual consuming 60 or more grams of pure alcohol (equivalent to 6+ standard drinks in most countries) on at least one occasion (Roerecke & Rehm, 2010). Lastly, the WHO (2018) asserts that harmful alcohol use is a pattern of consumption that can negatively impact the physical and mental health of the person.

Additionally, harmful alcohol use can lead to alcohol dependence, placing the individual in the category of alcohol dependence. According to WHO, alcohol dependence encompasses a range of behavioral, cognitive, and physiological phenomena that develop after repeated alcohol use. This typically includes a strong desire to consume alcohol, difficulties in controlling its use, persisting in its consumption despite harmful consequences, prioritizing alcohol over other activities and obligations, increased tolerance, and sometimes experiencing physiological withdrawal symptoms.

2.1.3 Psychological well-being

Scholars define psychological well-being using two distinct philosophical approaches, namely, hedonism and eudaemonism. The hedonistic perspective perceives psychological well-being as the pursuit of pleasure and life satisfaction (Diener & Suh, 2000). Conversely, the eudaemonic theory argues that psychological well-being relies on a moral values system that guides actions to achieve happiness and fulfillment in life (Deci & Ryan, 2008). Based on this standpoint, Ryff (1989) developed a six-dimensional concept of psychological well-being, encompassing autonomy, environmental mastery,

positive relationships with others, self-acceptance, purpose in life, and personal growth, aiming to facilitate the positive functioning of individuals.

2.2 Relationship between study variables

2.2.1 Relationship between alcohol use and psychological well-being

The literature on the impact of alcohol use on psychological well-being provides a nuanced understanding of how varying levels of alcohol consumption —classified as low, medium, harmful, and hazardous— interact with psychological health, particularly when assessed through Ryff's six dimensions of psychological well-being. Ryff's model emphasizes that psychological well-being encompasses self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff & Keyes, 1995).

Research indicates that individuals engaging in low to moderate alcohol consumption may experience minimal negative impacts on their psychological well-being, particularly when such consumption occurs in social contexts that foster positive relationships. For instance, social drinking can enhance feelings of belonging and community, thereby positively influencing dimensions such as self-acceptance and positive relations with others (Mulia et al., 2020). However, the benefits associated with moderate drinking can quickly diminish as consumption levels increase. As individuals transition from moderate to harmful or hazardous drinking patterns, the negative consequences on psychological well-being become more pronounced.

Hazardous drinking is often linked to significant impairments in mental health. Studies have shown that individuals who engage in hazardous drinking frequently report lower levels of self-acceptance and higher levels of negative emotionality (The Lancet, 2022). This pattern is particularly concerning given that hazardous drinking can lead to increased anxiety and depression, which directly undermine psychological well-being.

The detrimental effects of heavy alcohol use extend beyond immediate emotional distress; they can also hinder personal growth and environmental mastery by impairing cognitive functioning and decision-making abilities (Jones et al., 2015). For example, individuals with alcohol use disorders (AUD) often struggle to maintain stable employment or healthy relationships, further exacerbating feelings of hopelessness and contributing to a cycle of poor mental health outcomes.

Moreover, the relationship between alcohol use and psychological well-being is not merely linear; it is influenced by various contextual factors such as socioeconomic status and social support networks. Individuals from lower socioeconomic backgrounds are more likely to engage in harmful drinking behaviors as a coping mechanism for stressors associated with financial instability and limited access to healthcare (Mulia et al., 2020). This demographic often experiences greater psychological distress due to the compounded effects of poverty and substance use, leading to poorer outcomes across all six dimensions of Ryff's model. For instance, low income can severely limit an individual's sense of autonomy and environmental mastery by restricting access to resources that promote personal growth and stability.

Conversely, research suggests that recovery from alcohol dependence can lead to significant improvements in psychological well-being over time. A longitudinal study indicated that individuals who abstain from alcohol experience notable increases in well-being indices during the first five years of recovery (Kelly et al., 2023). These improvements are particularly evident in dimensions such as autonomy and purpose in life. As individuals move away from harmful drinking patterns, they often report enhanced self-acceptance and a renewed sense of purpose. This recovery trajectory highlights the potential for positive change when individuals engage in healthier coping strategies and seek support from their communities.

Furthermore, the role of social support cannot be understated in this context. Strong social networks have been shown to buffer the negative effects of stress associated with both low socioeconomic status and hazardous drinking (Richardson et al., 2013). Individuals with robust support systems are more likely to engage in adaptive coping strategies rather than resorting to alcohol as a means of managing their emotions. This underscores the importance of fostering supportive environments that promote healthy behaviors and enhance psychological well-being.

In conclusion, literature reveals a complex interplay between alcohol use and psychological well-being as assessed through Ryff's six dimensions. Low to moderate alcohol consumption may offer some social benefits; however, as consumption escalates into harmful or hazardous levels, the detrimental impacts on mental health become increasingly pronounced. The relationship is further complicated by contextual factors such as socioeconomic status and social support networks.

2.2.2 Relationship between socioeconomic status and alcohol use

The relationship between socioeconomic status and alcohol use is intricate, with each variable acting as both an independent and dependent factor. This argument will explore this duality, assessing alcohol use through indicators of low, moderate, harmful, and hazardous consumption, while evaluating socioeconomic status through income, occupation, and educational level.

Socioeconomic status often serves as an independent variable influencing alcohol use patterns. Research indicates that individuals with higher socioeconomic status tend to engage in more frequent and higher volume alcohol consumption. For instance, affluent individuals can afford greater access to alcohol and often participate in social gatherings where drinking is commonplace (Alcohol Help, 2022). This trend is supported by findings that show a positive correlation between income levels and drinking

frequency; as income increases, so does the likelihood of moderate to high alcohol consumption (WHO, 2020). Conversely, those at lower socioeconomic status levels may experience increased stressors such as financial instability or unemployment, leading to different drinking behaviors characterized by infrequent but hazardous drinking patterns (The Lancet, 2023).

On the other hand, alcohol use can also act as an independent variable affecting socioeconomic status. Problematic drinking behaviors are associated with negative economic outcomes, including job loss and decreased productivity. Individuals who engage in harmful drinking are likely to face challenges in maintaining stable employment, which can perpetuate cycles of poverty and lower socioeconomic status (PMC, 2019). The consequences of alcohol-related health issues further exacerbate financial strain, leading to a downward spiral in socioeconomic conditions (The Lancet Public Health, 2020). This reciprocal relationship highlights how heavy drinking can impede upward mobility and contribute to sustained low socioeconomic status.

Additionally, the impact of educational attainment on both variables cannot be overlooked. Higher educational levels are generally linked to lower rates of alcohol use disorders across all ages (PMC, 2019). Education enhances individuals' understanding of health risks associated with excessive alcohol consumption and promotes healthier lifestyle choices. Thus, lower educational attainment can lead to higher rates of harmful drinking patterns and subsequent negative impacts on socioeconomic status.

Moreover, the neighborhood context plays a significant role in shaping both socioeconomic status and alcohol use behaviors. Individuals living in disadvantaged neighborhoods often face greater exposure to stressors that can lead to increased alcohol consumption as a coping mechanism (Alcohol Help, 2022). The availability of social support systems and healthcare resources also varies significantly by neighborhood

socioeconomic status. Lower neighborhood socioeconomic status correlates with higher rates of binge drinking and related health issues compared to those from higher socioeconomic status neighborhoods (The Lancet Public Health, 2020). Furthermore, the phenomenon known as the alcohol-harm-paradox illustrates that similar levels of alcohol consumption can lead to more severe health outcomes among individuals with lower socioeconomic status compared to their higher socioeconomic status counterparts (The Lancet Public Health, 2020). This paradox emphasizes that while individuals from higher socioeconomic status backgrounds may consume more alcohol overall, those from lower socioeconomic status groups experience disproportionately greater negative consequences from similar or even lower levels of consumption.

In conclusion, the interplay between socioeconomic status and alcohol use is characterized by a complex relationship where each variable influences the other. High socioeconomic status can lead to increased alcohol consumption due to greater financial resources and social opportunities. Conversely, problematic drinking behaviors can hinder socioeconomic advancement by impacting employment stability and health outcomes. Understanding this duality is essential for developing effective interventions aimed at reducing the adverse effects of alcohol across different socioeconomic strata.

2.2.3 Socioeconomic status and psychological well-being

The relationship between socioeconomic status and psychological well-being is a critical area of study in understanding mental health outcomes. socioeconomic status, assessed through income, occupation, and educational level, serves as an independent variable influencing psychological well-being, which can be measured through Ryff's six dimensions: self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life, and personal growth.

Higher income levels are consistently associated with better psychological well-being. Individuals with higher income can afford resources that promote mental health, such as healthcare services, leisure activities, and a stable living environment (Barger et al., 2009). Research indicates that increased financial resources correlate positively with life satisfaction and emotional stability, suggesting that economic security fosters a sense of well-being (Gokdemir & Dumludag, 2012). This relationship highlights the importance of financial stability in enhancing psychological health.

Education plays a significant role in psychological well-being. Higher educational attainment is linked to greater self-acceptance and personal growth dimensions of Ryff's model (Präg et al., 2016). Education equips individuals with critical thinking skills and coping strategies that contribute to resilience against stressors. Studies show that individuals with higher education levels report lower rates of depression and anxiety, emphasizing the protective effects of education on mental health (Wang et al., 2010).

Occupation is another crucial indicator of socioeconomic status that impacts psychological well-being. Employment in higher-status occupations often provides not only financial benefits but also social status and fulfillment (Diener & Oishi, 2000). Jobs that offer autonomy and opportunities for personal growth contribute positively to psychological well-being by enhancing one's sense of purpose and mastery over their environment. Conversely, individuals in low-status jobs may experience feelings of inadequacy and stress, negatively affecting their mental health (Emmen et al., 2013).

In addition to that, the interplay between socioeconomic status and psychological well-being is influenced by the subjective perception of one’s socioeconomic status. Research indicates that subjective assessments of socioeconomic status can have a stronger correlation with psychological well-being than objective measures (Kraus et al., 2013). Individuals who perceive themselves as having a lower

social standing may experience diminished self-esteem and increased stress, regardless of their actual income or education level. This underscores the importance of addressing both objective and subjective aspects of socioeconomic status in mental health interventions.

Moreover, social support systems are often more robust among individuals with higher socioeconomic status. Those with greater financial resources tend to have access to better social networks and community resources that enhance psychological well-being (Ruini & Cesetti, 2019). Positive relationships foster emotional support and provide individuals with coping mechanisms during challenging times. In contrast, lower socioeconomic status individuals may face isolation or lack access to supportive networks, exacerbating feelings of loneliness and depression.

Furthermore, the impact of lifestyle factors mediated by socioeconomic status cannot be overlooked. Lifestyle choices influenced by economic resources such as: diet, exercise, and leisure activities significantly affect psychological health (PMC, 2019). Higher socioeconomic status individuals are more likely to engage in healthy lifestyle practices that promote mental wellness. In contrast, those from lower socioeconomic status backgrounds may face barriers to accessing healthy options, leading to poorer physical and psychological health outcomes. Finally, longitudinal studies suggest that the effects of socioeconomic status on psychological well-being can be cumulative over time. Individuals who experience prolonged low socioeconomic status may develop chronic stress responses that adversely affect their mental health across their lifespan (The Lancet Public Health, 2020). This chronic exposure to stressors can hinder personal growth and reduce overall life satisfaction.

In conclusion, the relationship between socioeconomic status and psychological well-being is multifaceted and influenced by various factors including income,

education, occupation, subjective perceptions of status, social support systems, lifestyle choices, and cumulative experiences over time.

2.2.4 Relationship between alcohol use, socioeconomic status and psychological well-being

Alcohol use and socioeconomic status significantly influence psychological well-being, as conceptualized by Ryff's six dimensions: autonomy, environmental mastery, personal growth, positive relationships, purpose in life, and self-acceptance (Ryff, 1995). Alcohol use, marked by moderate, hazardous, or harmful levels, and socioeconomic status, defined as high or low, exert complex and intertwined effects on these dimensions.

Moderate alcohol use is often associated with enhanced social interactions, which can positively impact positive relationships and autonomy. For example, moderate consumption during social gatherings can foster connectedness and independence in social contexts (Cooper et al., 2016). However, hazardous or harmful use erodes these dimensions, as it can lead to interpersonal conflicts and impaired decision-making. Rehm et al. (2014) found that excessive alcohol use diminishes environmental mastery and self-acceptance due to its detrimental health and social consequences. Conversely, Sayette (2017) argued that moderate use in controlled settings may enhance environmental mastery by temporarily alleviating stress and facilitating adaptive coping strategies.

Socioeconomic status also plays a pivotal role in shaping psychological well-being. High Socioeconomic status often correlates with greater autonomy, environmental mastery, and self-acceptance, as individuals with financial stability and education have access to opportunities for growth and control over their lives (Lachman & Weaver, 2012). For instance, a highly educated individual with stable income may feel

empowered to set and achieve meaningful goals, enhancing their sense of purpose. However, Wilkinson and Pickett (2018) contend that high socioeconomic status can create societal pressures to maintain status, potentially undermining self-acceptance and autonomy. Similarly, low socioeconomic status is frequently associated with reduced psychological well-being due to financial strain and limited access to resources. Probst et al. (2015) observed that individuals in low socioeconomic status environments often experience diminished environmental mastery and purpose in life. Nevertheless, Kopp et al. (2019) highlight the resilience and community support frequently observed in low socioeconomic status groups, which can bolster positive relationships and self-acceptance.

The interplay of alcohol use and socioeconomic status further complicates their relationship with psychological well-being. High socioeconomic status individuals engaging in moderate alcohol use may experience improved autonomy and positive relationships due to social and cultural acceptance of such behaviors. Conversely, harmful alcohol use in high socioeconomic status contexts can exacerbate stress and diminish self-acceptance, as societal expectations amplify the stigma of alcohol-related issues. In low socioeconomic status groups, hazardous alcohol use often correlates with poorer environmental mastery and purpose in life due to compounded financial and health challenges (Rehm et al., 2014). However, resilience among low socioeconomic status individuals may mitigate some adverse effects, particularly in fostering positive relationships through shared coping mechanisms (Kopp et al., 2019).

While the literature generally concurs on the negative impact of hazardous and harmful alcohol use across socioeconomic status levels, some studies argue for nuanced effects of moderate consumption. Sayette (2017) found that moderate alcohol use, particularly among high socioeconomic status groups, can enhance certain psychological

well-being dimensions by promoting relaxation and social cohesion. On the other hand, Rehm et al. (2014) caution against generalizing these findings, emphasizing the potential risks even at moderate levels. Similarly, while high socioeconomic status is often viewed as beneficial for psychological well-being, Wilkinson and Pickett (2018) stress the psychological toll of status anxiety and competitive environments.

In conclusion, alcohol use and socioeconomic status significantly impact psychological well-being through Ryff's six dimensions, with their effects varying based on consumption levels and socioeconomic status context. Moderate alcohol use and high socioeconomic status may enhance some dimensions of psychological well-being, but hazardous alcohol use and low socioeconomic status generally undermine them. The nuanced interplay between these predictors highlights the need for holistic interventions addressing both alcohol use and socioeconomic disparities to optimize psychological well-being.

2.3 Empirical Review on Study Variables

The relationship between alcohol use, socioeconomic status, and psychological well-being is a critical area of research, particularly in understanding how these factors influence each other and contribute to psychological well-being outcomes. This review synthesizes empirical findings regarding the predictive roles of alcohol consumption and socioeconomic status on Ryff's six dimensions of psychological well-being.

2.3.1 Alcohol Use and Psychological Well-being

The empirical literature surrounding the impact of alcohol use on psychological well-being reveals a complex relationship that varies significantly across different levels of consumption: namely, low, medium, harmful, and hazardous drinking. This relationship can be effectively analyzed through the framework of Ryff's six dimensions of psychological well-being, which include self-acceptance, positive relations with

others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff & Keyes, 1995).

Research indicates that low to moderate alcohol consumption may not significantly impair psychological well-being and can even be associated with positive social interactions. For example, a study involving a sample of 1,200 adults found that moderate drinkers reported higher levels of self-acceptance and positive relationships compared to abstainers (Mulia et al., 2020). The correlation coefficients in this study showed a significant positive relationship between moderate alcohol use and self-acceptance ($r = 0.35$, $p < 0.01$), suggesting that social drinking in supportive environments can enhance feelings of belonging and community. However, as individuals transition from moderate to harmful or hazardous drinking patterns, the negative consequences on psychological well-being become more pronounced.

Hazardous drinking is often linked to significant impairments in mental health. A study conducted with a sample size of 500 individuals diagnosed with alcohol use disorders revealed alarming statistics: participants exhibited lower scores across all six dimensions of Ryff's model compared to normative data (Kelly et al., 2023). The mean scores for self-acceptance and positive relations were notably lower in this group ($M = 4.2$, $SD = 1.5$ for self-acceptance; $M = 3.8$, $SD = 1.6$ for positive relations), indicating that hazardous drinking severely undermines these aspects of well-being. Furthermore, the study reported a significant negative correlation between hazardous drinking and autonomy ($r = -0.45$, $p < 0.001$), highlighting how dependence on alcohol can erode an individual's sense of control over their life.

The detrimental effects of heavy alcohol use extend beyond immediate emotional distress; they can also hinder personal growth and environmental mastery. A longitudinal study involving 300 participants over five years found that those engaging in

harmful drinking patterns exhibited stagnation in personal growth dimensions (Jones et al., 2015). The results indicated a statistically significant decline in personal growth scores over time (β= -0.30, p< 0.05), suggesting that individuals who consume alcohol at harmful levels may struggle to perceive life as an opportunity for development and self-improvement.

Moreover, the role of socioeconomic status further complicates the relationship between alcohol use and psychological well-being. Individuals from lower socioeconomic backgrounds are more likely to engage in harmful drinking behaviors as a coping mechanism for stressors associated with financial instability and limited access to healthcare resources (Mulia et al., 2020). This demographic often experiences greater psychological distress due to the compounded effects of poverty and substance use, leading to poorer outcomes across all six dimensions of Ryff's model. For instance, a study examining the impact of socioeconomic factors on mental health found that low income was significantly associated with decreased environmental mastery (r= -0.38, p< 0.01) among heavy drinkers.

Conversely, recovery from alcohol dependence has been shown to lead to substantial improvements in psychological well-being over time. A recent study followed a cohort of 200 individuals recovering from alcohol use disorders and found pronounced increases in indices of well-being during the first five years of abstinence (Kelly et al., 2023). Specifically, participants reported improvements in autonomy (M= 6.5, SD= 1.2 after five years) and purpose in life (M= 7.0, SD= 1.3), with significant statistical differences observed compared to their pre-abstinence scores (p< 0.001). These findings suggest that as individuals move away from harmful drinking patterns, they experience enhanced self-acceptance and a renewed sense of purpose.

The temporal sequence of psychological recovery highlights the importance of early intervention strategies aimed at promoting abstinence from alcohol use. Research indicates that most variables related to psychological well-being improve significantly during the first year after ceasing alcohol consumption (Donovan et al., 2023). For instance, distress ameliorated rapidly within the first year for participants who stopped drinking (β= -0.50, p< 0.01), while improvements in social relationships were noted within two years post-abstinence.

In addition to individual factors related to alcohol use and psychological well-being, social support emerges as a critical element influencing recovery outcomes. Strong social networks have been shown to buffer the negative effects of stress associated with both low socioeconomic status and hazardous drinking (Richardson et al., 2013). Individuals with robust support systems are more likely to engage in adaptive coping strategies rather than resorting to alcohol as a means of managing their emotions.

In conclusion, the empirical literature reveals a complex interplay between alcohol use and psychological well-being as assessed through Ryff's six dimensions. While low to moderate alcohol consumption may offer some social benefits, hazardous drinking patterns lead to significant impairments across all dimensions of psychological well-being. The relationship is further complicated by contextual factors such as socioeconomic status and social support networks.

2.3.2 Socioeconomic Status and Psychological Well-being

The empirical literature examining the impact of socioeconomic status on psychological well-being has revealed a robust and complex relationship, particularly when analyzed through the lens of Ryff's six dimensions of psychological well-being. socioeconomic status is typically assessed using indicators such as income, educational

attainment, and occupation, which collectively influence an individual's access to resources and opportunities for personal development. Psychological well-being, as defined by Ryff (1989), encompasses self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth.

Research consistently demonstrates that higher socioeconomic status is associated with improved psychological well-being across all six dimensions. For instance, a study involving 1,500 adults found a significant positive correlation between income and psychological well-being (r= 0.45, p< 0.001), indicating that individuals with higher incomes report greater self-acceptance and positive relationships (Mulia et al., 2020). The standard deviation for psychological well-being scores in this study was 1.2, suggesting that while there is a general trend of higher well-being with increased income, individual experiences can vary widely. Furthermore, educational attainment has been shown to play a critical role in shaping psychological outcomes; individuals with higher education levels reported significantly greater autonomy and personal growth (r= 0.38, p< 0.01) compared to those with lower educational backgrounds (Jones et al., 2015).

The impact of occupation on psychological well-being cannot be overlooked. A meta-analysis involving 2,000 participants indicated that job characteristics closely related to socioeconomic status, such as: autonomy and complexity are positively correlated with psychological well-being (r= 0.30, p< 0.001) (Richardson et al., 2013). This finding underscores the importance of not only the financial aspects of work but also the qualitative dimensions that contribute to an individual's sense of purpose and mastery over their environment.

Conversely, low socioeconomic status is associated with a range of negative psychological outcomes. A study conducted on a sample of 800 individuals from

economically disadvantaged backgrounds found that lower income levels were significantly correlated with increased psychological distress (r= -0.40, p< 0.001) and lower scores on Ryff's dimensions of well-being (M= 3.5, SD= 1.6 for self-acceptance) (Präg et al., 2020). This relationship highlights how financial stressors can lead to feelings of hopelessness and diminished self-worth, ultimately undermining overall psychological health.

Moreover, the relationship between socioeconomic status and psychological well-being is further complicated by contextual factors such as social support and community resources. Individuals from lower socioeconomic backgrounds often face barriers to accessing mental health services and supportive networks that can buffer the negative effects of financial strain (Mulia et al., 2020). A study involving 600 participants found that social support significantly moderates the relationship between socioeconomic status and psychological well-being; those with strong social networks reported higher levels of environmental mastery and purpose in life despite their economic challenges (r= 0.25, p< 0.05). This suggests that fostering social connections can mitigate some of the adverse effects associated with low socioeconomic status.

Additionally, subjective measures of socioeconomic status have been shown to have a unique impact on psychological well-being independent of objective indicators like income or education. For example, Cundiff and Matthews (2017) analyzed data from over 1,000 adults and found that subjective socioeconomic status was significantly correlated with psychological well-being measures (r= 0.32, p< 0.01), indicating that individuals' perceptions of their social standing can influence their mental health outcomes even when controlling for objective socioeconomic status factors. This finding highlights the importance of considering both objective and subjective measures when assessing the impact of socioeconomic status on psychological well-being.

In summary, the empirical literature reveals a clear link between socioeconomic status and psychological well-being as defined by Ryff's six dimensions. Higher socioeconomic status is consistently associated with improved mental health outcomes across various dimensions such as self-acceptance, autonomy, and personal growth. Conversely, low socioeconomic status correlates with increased psychological distress and diminished well-being.

2.3.3 Socioeconomic Status and Alcohol Use

The interaction between socioeconomic status and alcohol use is a critical area of research that sheds light on the complexities of health disparities. socioeconomic status is typically assessed using indicators such as income, educational attainment, and occupation, while alcohol use can be categorized into low, moderate, harmful, and hazardous consumption levels. Understanding how these variables interact to influence health outcomes is essential for developing effective public health interventions. Empirical studies have consistently demonstrated that the relationship between socioeconomic status and alcohol use is not straightforward; rather, it reflects an intricate interplay that varies across different socioeconomic strata.

Research indicates that individuals with higher socioeconomic status tend to engage in higher rates of alcohol consumption, often characterized by moderate to high drinking patterns. A study involving a sample of 5,000 adults found that individuals in the highest income bracket reported significantly higher levels of alcohol consumption compared to their lower-income counterparts ($r = 0.42$, $p < 0.001$) (The Lancet, 2017). The standard deviation for alcohol consumption in this study was 3.6 drinks per week, indicating considerable variability in drinking behavior among high-income individuals. This trend can be attributed to several factors, including greater financial resources that

allow for increased access to alcohol and social environments that normalize drinking behaviors.

Conversely, while individuals from lower socioeconomic status backgrounds may consume alcohol less frequently, they often experience more severe negative consequences associated with their drinking patterns. A meta-analysis involving over 10,000 participants revealed that lower socioeconomic status was significantly associated with harmful drinking behaviors, including binge drinking and alcohol dependence (r= -0.35, p< 0.01) (Präg et al., 2020). This finding underscores the notion of the alcohol-harm-paradox, where individuals with lower socioeconomic status face greater health risks from alcohol use despite consuming less on average than their higher socioeconomic status counterparts. For example, the same meta-analysis reported that individuals in low-income brackets had a 66% increased risk of alcohol-related mortality compared to those in higher-income brackets.

Educational attainment is another critical indicator of socioeconomic status that influences alcohol use patterns. Research has shown that higher levels of education are associated with lower rates of alcohol use disorders. A study examining a cohort of 2,500 adults found a significant negative correlation between educational attainment and the prevalence of alcohol use disorder (r= -0.40, p< 0.001), indicating that individuals with higher education levels are less likely to develop problematic drinking behaviors (Mulia et al., 2020). The standard deviation for AUD prevalence in this study was 1.2%, suggesting that while most individuals with lower educational attainment experience higher rates of alcohol use disorder, there is still variability within this group.

Occupation also plays a vital role in shaping drinking behaviors and health outcomes related to alcohol use. A study involving 1,200 workers across various industries found that those in high-stress occupations were more likely to engage in

hazardous drinking patterns (r= 0.30, p< 0.05) (Richardson et al., 2013). The standard deviation for hazardous drinking scores among this sample was 2.1, indicating significant differences in drinking behaviors based on occupational stress levels. This relationship highlights how job characteristics can contribute to both increased alcohol consumption and negative mental health outcomes.

Moreover, the context in which individuals live significantly influences their drinking behaviors and the associated risks of harm. Individuals residing in economically disadvantaged neighborhoods often face additional stressors that exacerbate their reliance on alcohol as a coping mechanism (The Lancet, 2017). A study examining neighborhood effects on alcohol use found that living in a deprived area was associated with increased rates of binge drinking and alcohol-related harms (hazard ratio = 1.85; 95% CI: 1.50–2.30) compared to those living in more affluent neighborhoods. This finding suggests that environmental factors play a crucial role in shaping drinking patterns and health outcomes.

Furthermore, the interaction between socioeconomic status and alcohol use is influenced by cultural and social norms surrounding drinking behaviors. In many high-income communities, social events often involve alcohol consumption as a central component of socializing (WHO, 2020). This cultural acceptance can lead to increased rates of moderate drinking among higher socioeconomic status individuals while simultaneously contributing to harmful drinking patterns among those from lower socioeconomic status backgrounds who may drink excessively during social gatherings as a means of coping with stress or social pressure.

The implications of these findings are substantial for public health policy and intervention strategies aimed at reducing alcohol-related harms across different socioeconomic groups. Understanding the distinct patterns of alcohol use among varying

socioeconomic status groups can inform targeted interventions that address the specific needs and challenges faced by these populations. For instance, interventions aimed at reducing binge drinking among low-income populations may need to consider the additional stressors these individuals face and provide alternative coping mechanisms or support systems.

In conclusion, the empirical literature reveals a complex interaction between socioeconomic status and alcohol use characterized by varying patterns of consumption and associated health outcomes. Higher socioeconomic status is generally associated with increased rates of alcohol consumption; however, individuals from lower socioeconomic status backgrounds experience greater negative consequences from their drinking behaviors despite consuming less on average. Educational attainment and occupation further complicate this relationship by influencing both access to resources and exposure to stressors related to work environments. Understanding these dynamics is essential for developing effective public health strategies aimed at reducing health disparities related to alcohol use across different socioeconomic strata.

2.3.4 Alcohol Use, Socioeconomic Status and Psychological Well-being

Research indicates that alcohol use can have both detrimental and beneficial effects on psychological well-being, depending on the context and quantity of consumption. For instance, a longitudinal study conducted by Karriker-Jaffe et al. (2021) involving 1,436 participants with mental health issues found that harmful drinking was significantly associated with lower scores on psychological well-being measures. Specifically, the study reported a beta coefficient of -0.35 ($p < 0.01$) for self-acceptance and -0.28 ($p < 0.01$) for purpose in life when adjusted for sociodemographic factors and lifestyle variables. This suggests that individuals engaging in harmful drinking behaviors experience notable declines in key aspects of psychological well-being. Moreover, the

concept of the alcohol harms paradox highlights that individuals from lower socioeconomic status backgrounds may experience more significant negative consequences from alcohol use despite often reporting lower levels of consumption.

A study by Barger et al. (2009) found a correlation coefficient of $r = -0.45$ between low socioeconomic status and diminished psychological well-being, indicating that socioeconomic factors play a crucial role in shaping mental health outcomes. This paradox is further illustrated in a recent study where lower socioeconomic status groups were found to be more likely to be non-drinkers, yet they still reported poorer mental health outcomes compared to higher socioeconomic status individuals who consumed alcohol moderately (odds ratio = 2.5, $p < 0.01$). These findings underscore the need to explore how social contexts influence drinking behaviors and their psychological impacts. Socioeconomic status itself is a significant predictor of psychological well-being, as it encompasses various indicators such as income, education level, and occupational status that affect individuals' access to resources necessary for mental health.

For example, a secondary analysis of the 2014 Adult Psychiatric Morbidity Survey (N= 1,436) revealed that individuals classified within lower socioeconomic status groups were more likely to report higher levels of stress and lower life satisfaction ($p < 0.05$). The study utilized latent class analysis to identify four distinct socioeconomic status classes: "economically inactive, GCSE-level and lower educated, social renters," "intermediate/routine occupation," "retired with no formal education," and "professional occupation with degree-level education." The odds of being classified as non-drinkers were highest among those in the economically inactive group (odds ratio = 4.96, 95% CI [3.10-7.93]), indicating a significant association between low socioeconomic status and drinking behaviors.

Furthermore, the role of social support is essential in understanding the relationship between socioeconomic status and alcohol use. Research suggests that social support can buffer against the negative impacts of low socioeconomic status on mental health outcomes. In the aforementioned study by Karriker-Jaffe et al., social support was found to mediate the relationship between socioeconomic status and alcohol use; individuals with stronger social networks reported better mental health outcomes despite their socioeconomic challenges ($\beta = 0.30$, $p < 0.01$). This highlights the importance of fostering social connections as a potential intervention strategy for improving psychological well-being among those at risk due to low socioeconomic status. Additionally, neighborhood environment plays a crucial role in shaping both alcohol use patterns and mental health outcomes among different socioeconomic groups. Individuals from higher socioeconomic status backgrounds typically reside in neighborhoods with better access to mental health resources and supportive community structures, which can mitigate the need for alcohol as a coping mechanism (Karriker-Jaffe et al., 2021).

Conversely, those from lower socioeconomic status backgrounds may live in environments characterized by instability and limited access to supportive services, contributing to higher rates of harmful drinking behaviors. In conclusion, empirical findings demonstrate that both alcohol use and socioeconomic status significantly predict psychological well-being across various dimensions outlined by Ryff's model. The evidence suggests that while moderate alcohol consumption may enhance certain aspects of well-being for some individuals, excessive use is detrimental across all socioeconomic strata. Furthermore, lower socioeconomic status is consistently associated with poorer mental health outcomes due to limited access to resources and increased stressors.

Future research should continue exploring these complex relationships while considering contextual factors such as social support networks and neighborhood environments to provide a more comprehensive understanding of mental health determinants. By addressing both alcohol consumption patterns and socioeconomic disparities through targeted interventions, we can foster improved psychological well-being among diverse populations.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section provides an overview of the research approach employed in this study. It encompasses various elements, including the research design, the intended population, the sampling techniques, the determination of sample size, the sources of data, the methods for collecting data, the research instruments, measures to ensure data quality and control, ethical considerations, the analysis of data, and the study's limitations.

3.1 Research Design

The study adopted a mixed method approach using both qualitative and quantitative research approaches. The quantitative approach that was used involved descriptive correlation design to establish the relationships between alcohol use, socio-economic status and psychological well-being. The use of descriptive design was to be beneficial in describing and explaining the condition of factors of the study to be conducted. In addition to that, the research adopted a cross-sectional design since the research was to be conducted over a limited period of time where data collection instruments were to be used in data collection for fulfilling the research objectives. Moreover, adopting a cross-sectional design had the benefit of facilitating collection of large amounts of data over a short period of time (Cope, 2014). On the other hand, qualitative approach involved deploying case study design since the research focused on Kator Payam, Juba city instead of Juba city that encompasses all the three Juba city payams.

3.2 Area of Study

The study was conducted in Juba city, the capital city of Republic of South Sudan. Juba County is categorized into three regions identified as three Payams of Juba City namely; Juba localities, Munuki and Kator Payams. The study was focused in Kator Payam which has been reported as experiencing high levels of alcohol use relative to other regions in the nation while impacting negatively the psychological well-being of households' members inclusive. Kator Payam was stated as having a total population of 10,313 households with an average household size of six (Central Equatoria State, 2006).

The payam of Kator serves as a representative case study for understanding the impacts of alcohol use and socioeconomic status on psychological wellbeing. It exhibits a vast number of households with a population of 10,313, a diverse range of economic activity, and an ongoing societal malaise of alcohol use. By examining the extent in alcohol consumption, variations of socioeconomic status and its facilitation of alcohol use, it is possible to identify key drivers of individual's psychological well-being and develop strategies to boost it. Furthermore, the findings from this study can be generalized to other similar settings; psychological well-being challenges of household heads in urban areas faced with struggling economies and prevalence of alcohol use, contributing to global efforts to enhance psychological wellbeing.

3.3 Sources of information

The study incorporated both primary and secondary data sources, as suggested by Amin (2005), who emphasized the importance of including both primary and secondary sources in the data collection process.

3.3.1 Primary data

The study gathered primary data directly from the field by employing a combination of qualitative and quantitative methods, such as questionnaires and interviews conducted with household-heads and healthcare workers. This systematic approach allowed for the collection of respondents' attitudes. Kothari (2011) affirms that primary data refers to information in its original form, obtained directly from the individuals involved and unaltered in any way. The use of primary data in this study enhanced reliability as it was collected by the researcher conducting the study.

3.3.2 Secondary data

To supplement the data gathered for the study and ensure its validity, secondary data pertaining to the variables under investigation were acquired from reliable sources in print media, including books, reports, journals, articles, newspapers, and online literature resources. This approach served the dual purpose of complementing the primary data and providing substantial support and verification for the data obtained from the field. The process of utilizing secondary data sources, originally intended for different purposes but adapted to align with the goals of the current research, is referred to as document review (Creswell, 2014).

3.4 Population and sampling techniques

3.4.1 Study population

According to Amin (2005), population is the entire group of people that a researcher wishes to investigate. The population of study will include house-hold heads and health-workers involved in providing care for psychological well-being of individuals, house-hold heads. Kator Payam is stated to be having a total population of 10,313 households, the research shall then narrow the focus to house-hold heads in order to

attain relevant information on how alcohol use and socio-economic status impact psychological well-being. According to Sekaran (2003), conducting a study on an entire population and examining every aspect within the target population is challenging and impractical. Therefore, focusing on a sample from the population is a more efficient approach, as it allows for quicker data collection, better manageability, and reduces the likelihood of errors.

3.4.2 Sample size

The sample size was determined using the Krejcie and Morgan table (1970), which was crucial for selecting an appropriate ratio to represent the entire study population. According to the table, a sample size of 370 was chosen to represent the total population of 10,313. This decision was driven by the recognition that using the sample size corresponding to the larger population may not have yielded a valid conclusion, necessitating an adjustment for a more reliable level of response. By choosing the adjusted sample size, the research study stayed within the constraints of available funds while also effectively controlled for systematic bias in a more efficient manner.

3.4.3 Sampling technique

The sampling technique was a method used to draw samples from population, in a way that enabled the researcher to investigate hypotheses about the population (Kothari, 2011; Privitera, 2017). Both probability and non-probability sampling techniques were employed by the researcher to ensure comprehensive research findings. The study utilized simple and stratified random sampling methods alongside convenience, and purposive non-random sampling techniques to select the sample.

Purposive and convenience sampling were employed in the study to carefully select key informants from among the health care workers and care-givers for the purpose of conducting interviews. Purposive sampling was chosen on key informants in

order to acquire accurate and in-depth information that was crucial for the study. It was anticipated that these individuals possessed a comprehensive understanding of the study variables and could provide valuable insights. In this study, purposive sampling was utilized based on judgments regarding individuals possessing medical knowledge and healthcare profession experience. Convenience sampling was applied to get participants based on their availability and willingness to participate.

Additionally, stratified random sampling, was employed to ensure a representative sample of household heads from various sub-divisions within Kator Payam, where the study took place. The number of households heads to be sampled in each sub-division was determined with the help of local area chiefs. Subsequently, a simple random sampling technique was used to select household heads from a compiled list, who were then interviewed for the research.

Table1: Proportionate Sample Size for Kator Sub-division Areas.

Kator Sub-divisions	Population	Sample Size
Hai - Kator West	5,798	208
Church Area	3,149	113
Konyo Konyo Market	1,366	49
Total	**10,313**	**370**

Source: Primary data, (2022)

3.5 Measurement Levels

i. **Alcohol Use** (Independent variable) was measured using a 5-point Likert scale from 0 to 4, basing on Alcohol Use Disorder Identification Test, AUDIT, model proposed by World Health Organisation (2016). AUDIT contained ten items to be answered by the respondents. Each item was accorded a score of the values from the Likert scale ranging from 0 to 4. Moreover, the sum of all the ten scores was

computed to attain total AUDIT score of the respondent. In addition to that, the total AUDIT score was interpreted basing on the AUDIT score ranges as follows:

Scoring:

0 to 7 indicated low risk

8 to 15 indicated increasing risk

16 to 19 indicated higher risk,

20 or more indicated possible dependence

ii. **Socioeconomic status** (Independent variable) was assessed using a developed scale that took into account individual characteristics, including educational attainment, occupation, and income levels of the respondents. Educational attainment was measured on a scale of five distinct levels, ranging from zero to four, representing the level of education for each respondent. Similarly, the objective characteristic of socioeconomic status, occupation, was evaluated across ten categories, ranked from zero (lowest level) to nine (highest level). Lastly, income levels as a criterion for socioeconomic status were assessed on a scale of ten levels, where one indicated the lowest income level and ten represented the highest income level. To analyze the study variables, the scores from the three separate measures of educational attainment, occupation, and income levels were summed together. These combined scores were then used in descriptive analysis, correlation, and regression analysis for the study.

Scoring:

1 to 8.33 indicated low socioeconomic status

8.34 to 15.67 indicated middle socioeconomic status

15.68 to 23.00 indicated high socioeconomic status

iii. **Psychological well-being** (Criterion variable) evaluation was performed using a 6-point Likert scale, which spanned from 1 to 6. The scale offered response choices as follows: 1-Strongly Disagree, 2-Disagree, 3-Disagree Slightly, 4-Agree Slightly, 5-Agree, and 6-Strongly Agree. This measurement approach was based on Ryff's model of Psychological well-being (2015). The scores for the (criterion variable) were then determined according to the following scale:

Scoring Instruction:

The negatively worded items were recalibrated by recoding the following numbers: 3, 5, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41. In this process, if a respondent scored 6 on any of these items, the adjusted score became 1; for a score of 5, the adjusted score became 2, and so on. Subsequently, the final level of agreement across the six dimensions was determined by summing the adjusted scores together.

a. Autonomy: items 1, 7,13,19,25, 31, 37
b. Environmental mastery: items 2, 8, 14, 20,26,32,38
c. Personal Growth: items 3, 9, 15, 21,27,33,39
d. Positive Relations: items: 4,10,16,22,28,34,40
e. Purpose in life: items: 5,11,17,23,29,35,41
f. Self-acceptance: items 6,12,18,24,30,36,42

3.6 Procedure/ Protocols of data collection

The researcher utilized varying techniques for data collection exercise to acquire both primary and secondary data as indicated below;

3.6.1 Survey

A survey was conducted to collect data from household-heads residing in Kator Payam, Juba city, South Sudan. The decision to use the survey method was based on the assumption that respondents possessed the ability to read and write, which would enable them to answer the study questions without any external influence. According to Patton (2015), the survey method is advantageous as it covers a large area within a short period of time, allows respondents to answer questions boldly and honestly, facilitates the collection of a substantial amount of data quickly, and is cost-effective compared to other methods (Cooper & Schindler, 2011).

3.6.2 Interview

A purposeful discussion was held between the researcher and the respondent, following the approach outlined by Englander (2012). This method was chosen with the understanding that interviews would be employed to gather information, allowing for the exploration of respondents' opinions and suggestions. Additionally, interviews served as a means to investigate interesting and unexpected behaviors, as highlighted by Fujii (2017).

These will be used to collect primary data from health care workers catering to psychological well-being service provision. The list of set questions in English will be provided to every respondent at least a week before the interview is planned. This shall offer the respondents ample time to prepare themselves for the interview. The list of questions will be both semi-structured open-ended. The list of questions will be used to lead the interview and to make sure that the main topics are covered, but interviewees will be expected to give extra input which shall lead to additional questions and discussions. Participants in the interviews have the opportunity to provide their own insights and recommendations (Saunders et al., 2015). Opting for semi-structured

interviews ensures the collection of qualitative data that is dependable and can be compared effectively, particularly as the same interviewer conducts all the interviews (Newing, 2011).

To collect primary data from health care workers involved in providing psychological well-being services, a set of questions was utilized. These questions, written in English, were provided to each respondent at least one week before the scheduled interview. This ensured that respondents had sufficient time to prepare themselves. The list of questions included both semi-structured and open-ended prompts. While the questions guided the interview and ensured coverage of the main topics, interviewees were encouraged to provide additional input, leading to the exploration of new questions and discussions. Interviewees were also given the opportunity to contribute their own ideas and suggestions (Saunders et al., 2015).

The adoption of semi-structured interviews ensured the reliability and comparability of the qualitative data collected, particularly because all interviews were conducted by the same interviewer (Newing, 2011).

3.7 Data collection instruments

For the purpose of data collection for this research the researcher sought to use questionnaires and interview guides as data collection instruments. Questionnaires were used to gather data from respondents in the survey in Kator Payam, Juba city since it enabled efficient and effective collection of data from large population. On the other hand, interview guides were reserved for obtaining data from relevant key-informants with in-depth information.

3.7.1 Questionnaire

A well-designed questionnaire was employed as a tool to gather information by eliciting written responses from the study subjects. Additionally, the questionnaire

proved advantageous due to its high completion rate within a limited time frame (Englander, 2012). Therefore, a structured questionnaire was utilized to collect information from the study subjects in this research. Its ease of administration and flexibility allowed respondents to complete it at their convenience, providing them with sufficient time for thoughtful reflection and avoiding hasty decision-making. The questionnaire was developed using a 5-point Likert scale (ranging from 1 - Strongly Disagree (SD) to 5 - Strongly Agree (SA)) to ensure robustness. This scale also facilitated time and cost efficiency while accommodating large response volumes.

3.7.2 Interview guide

The researcher developed and utilized semi-structured interview guides to conduct interviews with key-informant groups, specifically health care workers involved in the psychological well-being of household-heads. These interview guides facilitated the capture of in-depth qualitative data, allowing for further probing, seeking clarification, and following the natural flow of information provided by the key informants during the interviews (Fujii, 2018). This approach enabled the collection of more comprehensive information compared to what closed-ended questions in a questionnaire could have elicited.

Table 2: Key-Informants Interviewed

Category	Profession	Sample Size
Health Professionals	Addiction Specialist	1
	Psychologist	1
Social Workers	Urban Poverty Speciality	1
	Public Health Expert	1
Mental Health Professionals	Clinical Psychologist/ Counselor	1
	Mental Health Reseacher	1
Community/ Religious Leaders	Community Leader	2
	Religious Leader	2
Household Heads	Male Household Heads	3
	Female Household Heads	3
Local Government Officials	Social Welfare Leader	1
	Urban Development Expert	1
Total		18

Source: Primary data, (2022)

Rationale for the Selection:

i. **Health and Psychological Experts**: To provide insights on the mental health and alcohol use dynamics.

ii. **Social Workers and Public Health Experts**: To understand how socioeconomic conditions shape health outcomes and influence alcohol use in urban areas.

iii. **Community Leaders/Religious Figures**: To explore cultural and community-level perspectives, including social norms around alcohol use and mental health.

iv. **Household Heads**: To provide lived experiences from both male and female household heads, who may face different challenges based on gender and social roles.

v. **Policy Makers**: To understand the broader context in which these issues are addressed at the local or policy level.

This combination of informants helped to gather a comprehensive set of insights, blending expert knowledge with lived experience and policy perspectives. Each type of informant added a unique angle to the complex issue of alcohol use, socioeconomic status, and psychological well-being in an urban household.

3.8 Data quality control

3.8.1 Reliability

Reliability refers to the extent to which an assessment tool produces consistent and stable results (Silverman, 2016). To ensure the instrument's reliability, the researcher employed the test and re-test method to determine the Cronbach's alpha coefficient. A set of questionnaires was distributed to 10 respondents with similar characteristics, and after two weeks, the same questionnaires were administered to the same individuals. The collected responses were then analyzed using SPSS software to calculate the Cronbach's alpha, which serves as an indicator of the true score of the underlying construct. Reliability measures the extent to which a research instrument consistently produces reliable results or data across repeated trials (Hesse-Biber, 2016). A higher Cronbach's alpha score indicates greater reliability of the generated scale.

3.8.2 Validity

Validity of an assessment refers to the extent to which it accurately measures what it is intended to measure (Faux, 2010). To ensure the validity of the research instruments, a panel of five experts, including three academic doctors (PhD) and two senior lecturers, was engaged to validate the instruments. The experts carefully examined the relevance, semantics, and clarity of the questions in the instrument with respect to the research problem, objectives, research questions, hypotheses, and existing literature, which were provided to them. They were then asked to rate the validity relevance of each item/question using the following codes:

VR (very relevant), R (relevant), I (irrelevant), and VI (very irrelevant).

Subsequently, the researcher collected the questionnaires and computed the Content Validity Index (CVI) based on the experts' ratings. The CVI served as a measure of the instrument's validity and was used to determine the appropriateness of its use, following the recommendations of Amin (2005). The formula utilized for measuring the validity of the research instruments was as follows:

$$CVI = \frac{\text{No of items delivered valid}}{\text{Total no of items}} \times 100$$

3.9 Strategy for data control and data analysis

3.9.1 Before data collection

The researcher made an application to the Ethics and Review Board in order to obtain clearance for purposes of conducting this research. In addition to that, a letter was obtained from the School of Post-Graduate and Research Studies, SPGRS at Uganda Christian University, Mukono as an introductory letter to the respondents. The researcher requested permission from the various stakeholders responsible for providing health care services provision in the discipline of psychological well-being and permission from relevant authorities in Kator Payam before carrying out the survey. Additionally, the researcher prepared the questionnaires and use selected research assistant, whom were briefed and trained as to how the sampling procedures and data gathering methods were to be administered.

3.9.2 During data collection

Structured questionnaires were administered by the researcher and research assistants, with the research assistants also aiding during data collection time. The respondents were implored to respond to all the questions put forward in the research instruments without rendering any omitted. Upon completion each data sheet was

perused through to ascertain it is comprehensively answered. Once the survey among the respondents was completed the key stakeholders like health care workers were interviewed. This was planned in this manner to allow the relevant stakeholders an opportunity to respond to certain aspects of information retrieved from the house-hold heads responses attained.

3.9.3 After data collection

The collected responses from the structured questionnaires were organized, summarized, and synthesized using statistical techniques. The data was tabulated and then analyzed using the Statistical Package for the Social Sciences (SPSS).

3.9.4 Data Analysis

Data processing involved performing various tasks such as editing, coding, tabulating, and formatting the report. These steps were undertaken to ensure the accuracy and completeness of the data before the final analysis.

Editing: Once the data was collected from the field, the researcher edited it by thoroughly reviewing and examining all the field questionnaires. This step was taken in preparation for data analysis and allowed the researcher to identify any errors or omissions that may have occurred.

Coding: The process of assigning values or symbols to the data in order to create responses was referred to as coding. In this case, the raw data was coded using symbols that would be entered into the SPSS program for tabulation. Coding was necessary to facilitate efficient analysis of the data.

Tabulation: The researcher arranged the collected data in a logical and concise order for the purpose of statistical analysis. The number of tables needed was determined and sorted out to facilitate comparison of the findings from quantitative responses.

Content analysis was employed to analyze the quantitative data, and SPSS was used to verify its reliability and validity analysis, alongside interpreting the quantitative data. The study objectives were analyzed using descriptive analysis, involving frequencies and percentages. To analyze the profile of respondents, simple tables, frequencies, and percentages were used.

Similarly, the extent of alcohol use, socioeconomic status, and psychological well-being were analyzed using means. Pearson's coefficient values were employed to analyze the relationships between alcohol use and psychological well-being, socioeconomic status and psychological well-being, and the combination of alcohol use and socioeconomic status on psychological well-being of household-heads in Kator Payam.

Finally, regression analysis was conducted to analyze and test the significant influence of alcohol use and socioeconomic status on the psychological well-being of household-heads in Kator Payam.

3.10 Ethical consideration

Prior to conducting the research, the researcher obtained permission from the relevant authorities, both at the university and located in Kator Payam, Juba City, and at the hospital. Additionally, the researcher sought the approval of the respondents to participate in the research, which was accomplished by providing them with a sign-off sheet. This document enabled the respondents to give their consent by appending their signatures.

To ensure the integrity of the collected data, the researcher and the research assistants maintained a stance of tolerance, ensuring that the information provided by the respondents was not influenced in any biased manner. Furthermore, contact details were provided to the respondents, allowing them to access further information about the study if they had any uncertainties.

The researcher made diligent efforts to respect intellectual property rights. For primary data sources, thorough documentation was carried out, while for secondary sources, the authors were appropriately cited and referenced. Moreover, the research assistants adhered to the principles of confidentiality and anonymity, ensuring the protection of individuals' data and respecting their right to freely express themselves. This approach was in line with the "Do no harm" principle, which guided the research process. Additionally, any potential risks associated with the study were clearly communicated to the participants.

Finally, upon the completion of data collection and analysis, all the gathered data was responsibly destroyed to maintain the confidentiality and privacy of the participants.

3.11 Limitation of the study

The researcher anticipated that in the course of the research the following methodological constraints would be encountered;

Likelihood of respondents witholding information: To deal with this limitation, the researcher endevaoured to convince the respondents' that the information they provided was used purely for academic purposes only.

Sensitivity of information: Where respondents feared revealing information due to perceived sensitivity of the information they provided, the reseracher convincingly informed them of utmost confidentiality that was to be adhered to in handling data and information to be obtained.

Self-assesment tool bias: Since the research utilised self-assesment tools like questionnaires some respondents attempted to provide biased information in response to questions about themselves. This limitation was mitigated by using research assistants who continuously elaborated about the questionnaire items to the respondents.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND OF STUDY FINDINGS

4.0. Introduction

In this chapter, the researcher provides an overview of the response rate, demographic characteristics of the respondents, as well as the analysis conducted on the relationship between alcohol use, socio-economic status, and psychological well-being of household heads in Kator Payam, Juba County, Republic of South Sudan. The chapter includes correlation and regression analyses to examine the associations between these variables.

4.1. Response Rate

In this section, provides details about the response rate of the study. The response rate indicates the proportion of participants who completed the survey, calculated by dividing the number of respondents by the total sample size and expressed as a percentage.

Table 3, provided below, displays the rate of participant response.

Table 3: Response Rate

	Questionnaires	Frequency	Percentage
Valid	Responded	305	82.4
	Not responded	65	17.6
	Total	**370**	**100.0**

Source: Primary data, (2022)

The findings presented in Table 3 demonstrate that out of the 370 individuals who received the questionnaires, 305 respondents returned them, resulting in a response rate of 82.4%. Additionally, 17.6% of the questionnaires were deemed invalid. According to Mugenda and Mugenda (2003), response rates can be categorized as follows: 50% as adequate, 60% as good, and above 70% as very good. Therefore, with a response rate of

82.4%, this study's rate of response was classified as very good, indicating that it was acceptable and representative.

4.2 Demographic Characteristics of the Respondents

In this section, the demographic profiles of the participants are provided, encompassing information such as gender, age, marital status, level of education, occupation, and income. The specific details are outlined below.

4.2.1 Gender/Sex of Respondents

Table 4 displayed presents the gender distribution among the respondents.

Table 4: Gender/Sex of the Respondents

Sex	Frequency	Percentage	Cumulative
Male	208	68.2	68.2
Female	97	31.8	**100**
Total	**305**	**100**	

Source: Survey data, (2022)

The data presented in Table 4 indicates that 68.2% of the individuals were male and 31.8% were female.

4.2.2 Age of the Respondents

The age of the participants is displayed in Table 5 located underneath.

Table 5: The Age of the Respondents

Age (years)	Frequency	Percentage	Cumulative
28- 37	100	32.8	32.8
38-47	92	30.2	63.0
18- 27	52	17.0	80.0
48-57	47	15.4	95.4
58+	14	4.6	**100**
Total	**305**	**100**	

Source: Survey data, (2022)

The information presented in Table 5 indicates that among the participants in the study, 32.8% fell within the age range of 28-37 years, 30.2% were in the age range of 38-

47 years, 17.0% were in the age range of 18-27 years, 15.4% were in the age range of 48-57 years, and the remaining 4.6% were aged 58 years or older.

4.2.3 Education Level of Respondents

Table 6 presents the education attainment of the respondents.

Table 6: Education Attainment of the Respondents

Level	Frequency	Percentage	Cumulative
Certificate	88	28.9	28.9
Incomplete Primary	72	23.6	52.5
Diploma	71	23.3	75.8
Graduate	65	21.3	97.1
Post-Graduate	9	2.9	**100**
Total	**305**	**100**	

Source: Survey data, (2022)

The data presented in Table 6 shows that 28.9% of the participants had completed a certificate level education, 23.6% fell under the "other" category indicating incomplete primary education, 23.3% had attained a diploma, 21.3% were graduates, and only a minority of 2.9% had achieved post-graduate academic levels.

4.2.4 Marital Status of the Respondents

Table 7 presents the respondents' marital status

Table 7: The Respondents' Marital Status

Marital status	Frequency	Percentage	Cumulative
Married	168	55.1	55.1
Single	51	16.7	71.8
Separated	35	11.5	83.3
Divorced	29	9.5	92.8
Widowed	13	4.3	97.1
Widower	9	2.9	100.0
Total	**305**	**100**	

Source: Survey data, (2022)

The information presented in Table 7 shows that 55.1% of the participants were married, 16.7% were single, 11.5% were separated from their spouses, 9.5% had gone through a divorce, 4.3% were widows, and 2.9% were widowers.

4.2.5 Occupation of the Respondents

The occupation status of the participants is displayed in Table 8 located below.

Table 8: The Respondents' occupation status

Occupation	Frequency	Percentage	Cumulative
Agriculture	55	18.0	18.0
Financial services	39	12.8	30.8
Entrepreneurship	35	11.5	42.3
Unemployed	34	11.1	53.4
Academia	32	10.5	63.9
Blue-collar	28	9.2	73.1
Technical profession	27	8.9	82.0
Health	23	7.5	89.5
Legal profession	21	6.9	96.4
Politics	11	3.6	**100.0**
Total	**305**	**100.0**	

Source: Survey data, (2022)

The data presented in Table 8 shows that 18.0% of the participants relied on agriculture as their primary occupation, while 12.8% were involved in financial services and 11.5% were engaged in entrepreneurship. Additionally, 11.1% were unemployed, 10.5% worked in academia, 9.2% were blue-collar workers, 8.9% had technical professions, 7.5% were employed in the health sector, 6.9% worked in the legal profession, and 3.6% were involved in politics.

4.2.6 Income levels of the Respondents

Table 9: The Respondents' income levels

Income levels (SS£)	Frequency	Percentage	Cumulative
< 650	20	6.6	6.6
650 – 2,599	25	8.2	14.8
2,600 – 6,499	22	7.2	22.0
6,500 – 12,999	64	21.0	43.0
13,000 – 19,499	53	17.4	60.3
19,500 – 25,999	50	16.4	76.7
26,000 – 38,999	32	10.5	87.2
39,000 – 51,999	30	9.8	97.0
52,000 – 64,999	7	2.3	99.3
➢ 65,000	2	0.7	**100.0**
Total	**305**	**100.0**	

Source: Survey data computed by the researcher, (2022)

Table 9 presents the respondents' income levels. The data presented in the table above shows that 21.0% of the participants earn between 6,500 – 12,999. The following category was 13,000 – 19,499, with 17.4% indicating this as their income earnings. Closely followed by 16.4% that their income levels lie in category 19,500 – 25,999. The fourth populous income bracket was 26,000 – 38,999, which had a statistic of 10.5%. Furthermore, 9.8% stated earning between 39,000 – 51,999. Subsequently, 8.2% reported earning between 650 – 2,599. In addition to that, 7.2% of respondents indicated earnings between 2,600 – 6,499 and closely followed by 6.6% of respondents reporting earnings between 650 or less. Lastly, 2.3% and 0.7% of the respondents conveyed earning in the bracket 52,000 – 64,999 and 65,000 or more, respectively.

4.3. Descriptive Statistics for the Study Variables

The following results present descriptive statistics for all of the independent and dependent variables.

4.3.1 Descriptive Statistics for Alcohol Use

To interpret alcohol use scores, the following AUDIT score ranges and their descriptions were used for alcohol use;

Table 10: Key to Interpretation of Alcohol Use Scores

AUDIT Scores	Interpretation
>= 20	Hazardous use
16 – 19	Harmful Use
8 – 15	Moderate Use
0 – 7	Low Use

Source: Survey data, (2022)

Descriptive statistics pertaining to alcohol use are displayed in Table 11, below.

Table 11: Descriptive Statistics for Alcohol Use

Alcohol Use	n		Min	Max	Mean, *M*	*SD*
Low Use	140	45.9%	0	7	1.83	2.48
Moderate Use	86	28.2%	8	15	11.22	2.55
Harmful Use	35	11.5%	16	19	17.66	1.28
Hazardous Use	44	14.4%	20	35	23.45	3.22
	N=305	**100.0%**				

Source: Survey data, (2022)

The findings from Table 11 revealed that respondents' alcohol use, as assessed through the AUDIT scale score and categorized into different groups, displayed varying means and standard deviations. The majority of the respondents, 45.9%, identified themselves as low alcohol users, followed by a moderate use category at 28.2%. The categories with the least number of users were hazardous and harmful users, accounting for 14.4% and 11.5% of the respondents, respectively.

Within the low alcohol users' category, the average score barely exceeded a single score of alcohol use (*M*=1.83, *SD*=2.48), where scores ranged from a minimum of 0 to a maximum of 7. For respondents falling under the moderate alcohol users' category, the average score for moderate use was slightly above the minimum value of 8 (*M*=11.22, *SD*=2.55). Additionally, the scores ranged from a minimum of 8 to a maximum of 15.

Regarding the harmful alcohol users' category, the average score for alcohol use was moderately above the minimum score of 16 (*M*=17.66, *SD*=1.28). Respondents' scores within this category varied between a minimum of 16 and a maximum of 19. In the hazardous alcohol users' category, the average statistic indicated that the mean score surpassed the threshold score of 20, indicating hazardous alcohol use (M=23.45, SD=3.22). The minimum score observed was 20, and the maximum score recorded was 35.

4.3.2 Descriptive Statistics for Socioeconomic Status

To interpret socioeconomic status, the following socioeconomic status score ranges and their descriptions were used for socioeconomic status;

Table 12: Key to Interpretation of Socioeconomic Status Scores

Socioeconomic Status Scores	Interpretation
15.68 – 23.00	High Socioeconomic Status
8.34 – 15.67	Middle Socioeconomic Status
1.00 – 8.33	Low Socioeconomic Status

Source: Survey data, (2022)

Table 13: Respondents' Socioeconomic status

Socioeconomic Status	n		Min	Max	Mean, *M*	*SD*
High Socioeconomic Status	51	16.7%	16	22	17.80	1.41
Middle Socioeconomic Status	150	49.2%	9	15	11.70	1.90
Low Socioeconomic Status	104	34.1%	1	8	5.14	2.40
	N=305	**100.0%**				

Source: Survey data, (2022)

The results derived from Table 13 indicated that respondents' socioeconomic status, as assessed through the socioeconomic status scale score and categorized into different groups, exhibited varying means and standard deviations. A significant proportion of respondents, 49.2%, identified themselves in the middle socioeconomic status category, followed by 34.1% in the low socioeconomic status category. The high socioeconomic status category had the lowest percentage, accounting for only 16.7% of the total respondents.

Within the low socioeconomic status category, the average score closely approached the maximum score in that range (*M*=5.14, *SD*=2.40), with scores spanning from a minimum of 1 to a maximum of 8. For respondents falling under the middle socioeconomic status, the average score was moderately distributed within the range (*M*=11.70, *SD*=1.90), with scores ranging from a minimum of 9 to a maximum of 15.

Regarding the high socioeconomic status category, the average score for this group was similarly close to the minimum score of 16 (*M*=17.80, *SD*=1.41). Respondents' scores within this category varied between a minimum of 16 and a maximum of 22.

4.3.2 Descriptive Statistics for Psychological Wellbeing

In order to interpret the cumulative scores pertaining to psychological wellbeing, the researcher applied specific ranges and corresponding descriptions for the sub-item scores of psychological wellbeing.

Table 14: Key to Interpretation of totals under Psychological Wellbeing

Mean range	Interpretation
36.20 – 42.00	Strongly Agree
30.36 – 36.19	Agree
25.52 – 30.35	Agree Slightly
18.68 – 24.51	Disagree Slightly
12.84 – 18.67	Disagree
7.00 – 12.83	Strongly Disagree

Source: Survey data computed by the researcher, (2022)

The following table presents the descriptive statistics for psychological wellbeing measured through Ryff's six-dimension for psychological wellbeing.

Table 15: Respondents' Psychological Wellbeing

	N	Min	Max	Mean, *M*	*SD*
Psychological Wellbeing	305	86	225	173.78	28.98
Ryff's Six-Dimensions					
Autonomy	305	13	41	28.84	5.70
Environmental Mastery	305	15	40	28.67	5.05
Personal Growth	305	12	41	28.83	6.22
Positive Relations	305	14	41	28.93	6.01
Purpose in Life	305	13	41	29.65	6.22
Self-acceptance	305	12	42	28.87	6.20

Source: Survey data, (2022)

Table 15 presented descriptive statistics for Ryff's six dimensions of psychological wellbeing. Each sub-scale allowed respondents to achieve a maximum score of 42 if all items within the sub-scale were scored as six, while the minimum value of seven could be obtained if each item in the sub-scale was scored as one. The autonomy dimension of psychological wellbeing demonstrated a relatively high level (*M*=28.84, *SD*=5.70). Similarly, the environmental mastery dimension of psychological wellbeing also

exhibited a relatively high level (*M*=28.67, *SD*=5.50). Additionally, the personal growth dimension of psychological wellbeing was relatively high (*M*=28.83, *SD*=6.22). Positive relations with others dimension of psychological wellbeing were also reported to be high (*M*=28.93, *SD*=6.01). Moreover, the purpose in life dimension of psychological wellbeing was indicated to be relatively high (*M*=29.65, *SD*=6.22). Lastly, the self-acceptance dimension of psychological wellbeing was found to be relatively high as well (*M*=28.87, *SD*=6.20).

4.4. Relationship between Study Variables

4.4.1 Correlation between Alcohol Use and Psychological Wellbeing

Table 16 presents Pearson's order of correlation between variables alcohol use and six-dimensions of psychological wellbeing

Table 16: Pearson's order correlation

		Alcohol Use	AU	EM	PG	PR	PL	SA
Alcohol Use	Pearson Correlation	1	-.294**	-.411**	-.278**	-.433**	-.199**	-.349**
	Sig. (2-tailed)		.000	.000	.000	.000	.000	.000
	N	305	305	305	305	305	305	305
**. Correlation is significant at the 0.01 level (2-tailed).								

Source: Survey data computed by the researcher, (2022)

Results in Table 16 were obtained after a Pearson's order correlation coefficient was computed to assess the relationship between alcohol use and six-dimensions of psychological wellbeing variables. A weak, negative and significant correlation between alcohol use and autonomy (r= -.294, p<.001) was obtained. Implying a positive increase in alcohol use had a weak negative relationship with autonomy of respondent. Similarly, there was a moderate, negative and significant correlation between alcohol use and environmental management (r= -.411, p<.001). Thus, implying that a positive increase in alcohol use would have moderate negative relationship with environmental mastery of

respondent. Moreover, results from table above indicate a weak, negative and significant correlation between alcohol use and personal growth (r= -.278, p<.001). Implying that a positive change in alcohol use would have a weak, negative relationship with personal growth for the respondent.

On the other hand, there was moderate, negative and significant correlation between alcohol use and positive relations with others (r= -.433, p<.001). Indicating that for a positive change in alcohol use there was a moderate, negative connection with positive relations with others for respondent. Furthermore, there was a weak, negative and significant correlation between alcohol use and purpose in life (r= -.199, p<.001). Implying that for a positive increment in alcohol use there would be a weak, negative connection with purpose in life by respondent. Lastly, there was a relatively weaker, negative and significant correlation between alcohol use and self-acceptance (r= -.349, p< .001). Implying a positive change in alcohol use would bear a relatively weaker negative connection with self-acceptance of respondent.

4.4.2 Correlation between Socioeconomic Status and Psychological Wellbeing

Results in Table 17 below were obtained after a Pearson's order correlation coefficient was computed to assess the relationship between socioeconomic status and Ryff's six-dimension of psychological wellbeing.

Table 17: Correlation between socioeconomic Status and Psychological Wellbeing

		Socioeconomic Status	AU	EM	PG	PR	PL	SA
Socioeconomic Status	Pearson Correlation	1	.193**	.221**	.165**	.091	.242**	.198**
	Sig. (2-tailed)		.001	.000	.004	.112	.000	.001
	N	305	305	305	305	305	305	305
**. Correlation is significant at the 0.01 level (2-tailed).								

Source: Survey data computed by the researcher, (2022)

The results highlighted that a weak, positive and significant correlation between socioeconomic status and autonomy (r= .193, p=001). Implying that, a positive improvement in socioeconomic status had a positive but weak relationship with autonomy. In addition to that, there was a relatively weak, positive and significant correlation between income levels and environmental management (r= .221, p<.001). Indicating that a positive increment in socioeconomic status had a positive albeit relatively weak connection with environmental management. Moreover, a weak, positive and significant correlation between socioeconomic status and personal growth (r= .165, p<.001). Implying that, a positive change in income levels had a connection with positive but weak change in personal growth for respondent. Furthermore, a positive, relatively weak and significant correlation between purpose in life and socioeconomic status was attained (r=.242, p<.001). Indicating that, for a positive change in socioeconomic status there would also be a positive, relatively weak change in purpose in life. Lastly, there was a positive, relatively weak and significant correlation between socioeconomic status and self-acceptance (r=.198, p<.001). Implying that, for a positive change in socioeconomic status there would be a positive and relatively weak change in self-acceptance. However, there was no significant correlation between socioeconomic status and positive relations with others (r= .091, p>0.01).

Alcohol Use and Socioeconomic Status

Results in Table 18 was obtained after a Pearson's order correlation coefficient was computed to assess the relationship between alcohol use and socioeconomic status

variables showed that there were no statistically significant correlation results between alcohol use and socioeconomic status. The p-value was 0.548 much greater than alpha value of significance at 0.01. This implies that a positive rise in socioeconomic status or alcohol use has no statistically significant outcome for either variable.

Table 18: Correlation between Alcohol Use and Socioeconomic Status

		Socioeconomic Status
Alcohol Use	Pearson Correlation	.035
	Sig. (2-tailed)	.548
	N	305
**. Correlation is significant at the 0.01 level (2-tailed).		

4.4.3 Regression Analysis between Study Variables

Table 19: Model Summary Table

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.463[a]	.214	.209	4.29638
a. Predictors: Constant, Socioeconomic status, Alcohol Use				

Source: Survey data computed by the researcher, (2022)

The data presented in Table 19 indicates that, according to the model summary table, the correlation coefficient *R*=.463, which indicates the strength of the relationship between the independent and dependent variables. The study found that there was a moderate, positive, and significant correlation between the independent variables, alcohol use and socioeconomic status, and the dependent variable, psychological wellbeing.

The coefficient of determination, represented by the R^2 value in the model summary table, explains how well changes in the dependent variable, psychological wellbeing, can be explained by changes in the independent variables, alcohol use and socioeconomic status. The R^2 value of 0.214 shows that the combined predictor variables accounted for 21.4% of the variance in psychological wellbeing. In other words, this means that 21.4% of the changes in psychological wellbeing could be explained by changes in alcohol use and socioeconomic status.

Table 20: ANOVAa Results

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1518.576	2	759.288	41.134	.000[b]
	Residual	5574.583	302	18.459		
	Total	7093.159	304			
a. Dependent Variable: Psychological Wellbeing						
b. Predictors: Constant, Socioeconomic status, Alcohol Use						

Source: Survey data computed by the researcher, (2022)

Based on the ANOVA results presented in Table 20, the significance column displayed a p-value of less than 0.001, indicating a highly significant regression relationship in predicting how alcohol use and socioeconomic status influence psychological wellbeing. The F-statistics value of 41.134 was also significant, with a p-value less than 0.05, demonstrating that the regression model was both fit and significant in the analysis.

Table 21: Coefficients[a] of Regression Analysis

		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
	Model	B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	Constant	28.664	.641		44.684	.000		
	Alcohol Use	-.233	.029	-.405	-7.925	.000	.999	1.001
	Socioeconomic Status	.714	.153	.239	4.683	.000	.999	1.001
a. Dependent Variable: Psychological Wellbeing								

Source: Survey data computed by the researcher, (2022)

The results from Table 21 above show coefficients of regression analysis that indicate the impact alcohol use and socioeconomic status explain on psychological wellbeing. The unstandardized coefficient beta value for constant is 28.664 implying that, in the absence of independent variables alcohol use and socioeconomic status, psychological wellbeing is to be 28.664. In addition to that, alcohol use had a negative effect on psychological wellbeing and was statistically significant (β=-.233, p<.001). Indicating that one unit increase in independent variable, alcohol use, was likely to have negative

23.3% change in dependent variable, psychological wellbeing. Furthermore, socioeconomic status had a positive impact on psychological wellbeing and was statistically significant (β=.714, p<.001). This implied that a unit increase in predictor variable, socioeconomic status, was likely to have a positive 71.4% change in criterion variable, psychological wellbeing.

In conclusion, the dependent variable psychological wellbeing was regressed on predictor variables, alcohol use and socioeconomic status, to test impact of alcohol use and socioeconomic status on psychological wellbeing. Alcohol use significantly predicted psychological wellbeing F (2, 302) = 41.134, p<.001, which indicate that alcohol use can play a significant role in shaping psychological wellbeing (β=-.233, p<.001). Additionally, socioeconomic status too significantly predicted psychological wellbeing F(2, 302) = 41.134, p<.001, which indicate that socioeconomic status can play a significant role in shaping psychological wellbeing (β=.714, p<.001). These results clearly indicate the positive impact of socioeconomic status and negative impact of alcohol use. Moreover, the R^2=.214 depicts that the model explains 21.4% of the variance in psychological wellbeing.

4.5 Qualitative Findings

This chapter presents qualitative findings from interviews conducted with key informants regarding the impact of alcohol use and socioeconomic status on psychological well-being, as conceptualized by Ryff's six dimensions of psychological well-being. The informants included health professionals, social workers, mental health practitioners, community leaders, and household heads in Kator, Juba County. The responses reflect the complex interplay between these independent variables and their effects on the psychological well-being of household heads in a struggling economy.

One male household head articulated the pervasive influence of alcohol use in his community, stating,

> …Many people drink to forget their problems. With the stress of not having a stable job, alcohol becomes a way to escape reality (Male Household Interviewee, 2022).

This sentiment was echoed by a female household head who noted,

> …My husband drinks every day after work. It started as a way to cope with his frustrations about our financial situation, but now it's affecting our family life (Female Household Interviewee, 2022).

These responses highlight how excessive alcohol consumption can undermine emotional mastery and self-acceptance, key dimensions of Ryff's model. A psychologist working in the area emphasized the cyclical nature of alcohol use and mental health challenges:

> …I see many clients who use alcohol as a coping mechanism for their depression or anxiety. Unfortunately, it only worsens their conditions (Psychologist Interviewee, 2022).

This observation aligns with the quantitative findings that indicate a significant negative correlation between alcohol use and psychological well-being. The psychologist further elaborated that

> …individuals often feel trapped; they want to change but feel powerless due to their circumstances (Psychologist Interviewee, 2022),

illustrating how low socioeconomic status can hinder personal growth and purpose in life. Social workers specializing in urban poverty provided insights into how socioeconomic status exacerbates mental health issues. One social worker remarked,

> …In our community, people are struggling just to meet basic needs. When you add the burden of financial stress to mental health issues, it creates a perfect storm (Social Worker Interviewee, 2022).

This perspective emphasizes the importance of addressing socioeconomic factors as foundational to improving psychological well-being. Another social worker added,

> …access to mental health services is limited here; many people don't even know where to go for help (Social Worker Interviewee, 2022).

This lack of access can severely limit emotional mastery and positive relationships within families and communities. Community leaders also highlighted the role of social support in mitigating some negative effects of low socioeconomic status. A community leader stated,

> …we try to create spaces where people can come together and support each other. Social gatherings can help reduce feelings of isolation (Social Worker Interviewee, 2022).

This response suggests that community cohesion can foster positive relationships and enhance overall psychological well-being despite challenging economic conditions. However, another community leader cautioned,

> "While we have these gatherings, many still turn to alcohol as a coping mechanism during tough times (Community Leader Interviewee, 2022),

indicating that social support alone may not be sufficient to address deeper issues related to alcohol use. Local government officials acknowledged the challenges posed by weak governance infrastructure in addressing these issues. One official noted,

> …our programs are often underfunded and lack proper implementation. We need more resources to provide comprehensive support for mental health and substance abuse (Local Government Official Interviewee, 2022).

This statement underscores the critical role that effective governance plays in facilitating access to services that promote psychological well-being. Finally, a mental health researcher emphasized the need for targeted interventions:

> …we must focus on both economic empowerment and mental health education. People need tools to cope with stress without resorting to alcohol (Mental Health Researcher Interviewee, 2022).

This viewpoint aligns with existing literature advocating for integrated approaches that address both substance use and socioeconomic disparities simultaneously.

In summary, the qualitative findings reveal complex interrelations between alcohol use, socioeconomic status, and psychological well-being among household heads in Kator, Juba, South Sudan. The responses from key informants illustrate how these independent variables contribute to diminished psychological well-being across Ryff's six dimensions. The insights gathered highlight critical areas for intervention that could improve mental health outcomes within this vulnerable population.

CHAPTER FIVE

DISCUSSION OF STUDY FINDINGS

5.0 Introduction

The chapter focused on the interpretation of the findings obtained in this study. Presenting the discussion on demographic factors of the respondents', descriptive results of study variables, quantitative and qualitative findings on the interaction between the study variables.

5.1 Discussion of Socio-Demographic Factors

5.1.1 Gender of the Respondents

Results from Table 4, indicates a higher proportion of males in the sample population. The percentage of males (68.2%) is significantly larger than that of females (31.8%). This skewed gender ratio suggestes an imbalance in the representation of genders within the study. Thus, just as in patriarchal societies, males are traditionally viewed as the household heads and decision-makers, holding positions of power and authority. The higher proportion of males in the sample reflects the societal norms and structures prevalent in the Kator Payam, Juba County, and the country at large. This distribution could have been influenced by cultural, social, and economic factors that prioritize male participation and representation.

5.1.2 Age of the Respondents

The age distribution of the sample reveals a predominantly younger population, with 32.8% of respondents aged 28–37 years, followed by 30.2% in the 38–47 age range. Together, these groups represent over 63% of the sample, indicating that a significant portion of the respondents were in the early to middle stages of adulthood. The 18–27 age group accounted for 17.0% of the sample, suggesting that younger adults were

somewhat underrepresented. Older age groups (48–57 and 58+) constituted a smaller proportion, with 15.4% and 4.6%, respectively. This distribution reflects the target population's general age trends or sampling constraints. The skew towards younger age groups is consistent with studies that show higher survey participation among individuals in those age ranges (Smith & Jones, 2012).

5.1.3 Education Level of the Respondents

The distribution of educational attainment levels highlights a significant concentration of respondents at the lower and intermediate levels. Certificate holders constitute the largest group (28.9%), suggesting a preference or necessity for foundational qualifications in the studied population. Incomplete primary education (23.6%) and diploma holders (23.3%) collectively accounted for nearly half the sample, underscoring the prevalence of mid-level qualifications. Conversely, the relatively low percentages of graduates (21.3%) and postgraduates (2.9%) indicates a limited progression to advanced education. This trend reflects systemic barriers, socioeconomic constraints, or reduced opportunities for higher education access. Notably, cumulative percentages reveal a steady educational progression, with 97.1% achieving at least graduate-level education. These findings suggest targeted interventions are necessary to promote advanced educational opportunities, particularly for those in lower categories.

5.1.4 Marital Status of the Respondents

The marital status distribution reveals that a majority of the sample population is married (55.1%), indicating that marital stability is prevalent within the studied demographic. Single individuals constitute 16.7%, which, when combined with separated (11.5%) and divorced (9.5%) categories, highlights a notable proportion of individuals outside traditional marital arrangements (37.7%). The relatively smaller proportions of widowed (4.3%) and widowers (2.9%) suggests lower representation of individuals who

have experienced spousal loss, potentially reflecting age distribution within the sample. The cumulative percentages indicates that 83.3% of respondents are either married or have experienced marriage, underscoring the cultural or social emphasis on marital unions in the population. These findings suggest the need for nuanced policy and social interventions to address the varying support needs of individuals across different marital statuses.

5.1.5 Occupation of the Respondents

The occupational distribution reflects a diverse economic engagement within the population, with agriculture being the most common sector (18.0%). This prevalence suggests a reliance on primary economic activities, potentially tied to the socio-economic context of the study region. Financial services (12.8%) and entrepreneurship (11.5%) collectively represents over one-fifth of the population, emphasizing an active role in formal and self-employment avenues. Notably, unemployment accounts for 11.1%, highlighting potential challenges in job creation or accessibility. Academia (10.5%) and technical professions (8.9%) suggests a presence of skilled labor, while the health (7.5%) and legal (6.9%) sectors reflect smaller but significant contributions. The limited representation in politics (3.6%) underscores its specialized nature. Cumulative percentages reveal that over half the population are engaged in agriculture, financial services, or entrepreneurship, suggesting those as focal points for economic development initiatives.

Income Level of the Respondents

The income distribution demonstrates significant variation, with the majority of respondents falling within mid-range income levels. The most represented category was SS£ (6,500–12,999), 21.0%, followed by SS£ (13,000–19,499), 17.4% and SS£ (19,500–25,999), 16.4%. These findings suggest a concentration of income around lower-middle

and middle-income brackets. Conversely, a small proportion earned at the extremes: less than SS£ 650 (6.6%) and over SS£ 52,000 (3.0%), which indicates income disparity within the population. The cumulative percentages reveal that 76.7% of respondents earned below SS£ 26,000, highlighting potential economic constraints for a significant portion of the sample. Policymakers should consider those disparities when designing economic interventions to promote equity and uplift lower-income groups, as the data suggests limited representation among high-income earners.

5.2 Discussion of Descriptive Results

5.2.1 Alcohol Use

The alcohol use distribution illustrates varying levels of consumption within the population, assessed using the AUDIT scoring framework. Low alcohol use (scores 0–7) is most prevalent (45.9%), with a mean of 1.83 (*SD*= 2.48), indicating minimal risk behaviors in nearly half of the sample. Moderate alcohol use (scores 8–15) accounts for 28.2% of respondents, with a mean of 11.22 (*SD*= 2.55), suggesting occasional risky behaviours. Harmful use (scores 16–19) is observed in 11.5% of participants, averaging 17.66 (*SD*= 1.28), reflecting a subset engaging in regular harmful consumption. Hazardous use (scores ≥20) constitutes 14.4%, with a mean of 23.45 (*SD*= 3.22), indicating significant health and safety risks. The findings highlight that 25.9% of the population exhibits harmful or hazardous use, warranting targeted interventions. Public health strategies should prioritize education and support mechanisms for reducing alcohol-related risks, particularly among high-risk groups.

5.2.2 Socioeconomic Status

The socioeconomic status distribution reveals a predominance of middle and low socioeconomic status among respondents. Nearly half of the sample (49.2%) falls under middle socioeconomic status, with a mean score of 11.70 (*SD*= 1.90), indicating moderate access to resources and opportunities as defined by the score interpretation. Low socioeconomic status accounts for 34.1% of participants, with a mean score of 5.14 (*SD*= 2.40), reflecting significant socioeconomic constraints. High socioeconomic status, comprising 16.7% of respondents, demonstrates a narrower range with a mean score of 17.80 (*SD*= 1.41), suggesting greater economic stability and access to opportunities.

The data underscores stark disparities in socioeconomic status within the population, with over one-third of respondents experiencing low socioeconomic status and fewer than one-fifth enjoying high socioeconomic status. These disparities necessitate interventions aimed at resource allocation, policy reform, and educational opportunities to uplift those in lower socioeconomic status categories and reduce systemic inequities.

5.2.3 Psychological Wellbeing

The assessment of psychological well-being reveals an average score of 173.78 (*SD*= 28.98), suggesting a generally positive mental state across the sample. Analyzing Ryff's six dimensions, Purpose in Life scored highest (*M*= 29.65, *SD*= 6.22), reflecting a strong sense of direction and meaning among participants. Positive Relations (*M*= 28.93, *SD*= 6.01) and Autonomy (*M*= 28.84, *SD*= 5.70) also indicate agreement with these aspects of well-being, highlighting positive interpersonal connections and a sense of independence. Similarly, Environmental Mastery (*M*= 28.67, *SD*= 5.05) and Personal Growth (*M*= 28.83, *SD*= 6.22) align with slight agreement, suggesting moderate satisfaction with navigating surroundings and pursuing development. These scores fall within the "Agree Slightly"

range (25.52–30.35). The findings suggest a well-rounded well-being profile, but targeted support may enhance areas scoring near the lower limit of the range.

5.3 Relationship Between the Study Variables

5.3.1 Alcohol use and Psychological Wellbeing

The findings indicate a significant negative correlation between alcohol use and various dimensions of psychological well-being. The Pearson correlation coefficients reveal that higher alcohol consumption is associated with lower scores in emotional mastery (EM: r= -0.294, p< 0.01), personal growth (PG: r= -0.411, p< 0.01), positive relationships (PR: r= -0.278, p< 0.01), purpose in life (PL: r= -0.433, p< 0.01), and self-acceptance (SA: r= -0.199, p< 0.01). These results align with previous research indicating that excessive alcohol consumption leads to adverse mental health outcomes, such as increased levels of anxiety, depression, and decreased life satisfaction (Dvorak et al., 2013; Pedrelli et al., 2016). For instance, Chang et al. (2021) reported that higher levels of alcohol consumption were associated with greater psychological distress among university students, reinforcing the notion that heavy drinking negatively impacts mental health. Furthermore, the findings support the idea of a curvilinear relationship between alcohol use and psychological well-being, where moderate drinking may be associated with better mental health outcomes compared to both abstinence and excessive drinking (Murphy et al., 2005). This is consistent with Hartley et al. (2004), who found that binge drinkers reported lower levels of depression compared to abstainers, suggesting that social contexts surrounding alcohol consumption might influence mental health outcomes.

However, it is essential to consider the nuances in these relationships. Some studies have indicated that moderate alcohol consumption can be linked to enhanced social connectedness and subjective well-being among certain populations (Zhou et al.,

2014). For example, Nezlek et al. (1994) found that increased alcohol consumption among students was associated with better alignment within their social circles, which contributed positively to their mental well-being. This complexity indicates that while high levels of alcohol use are detrimental to psychological health, moderate consumption may have different implications based on the social context. Moreover, the data highlight the potential for harmful drinking behaviors to exacerbate existing mental health issues rather than serve as a coping mechanism. Individuals experiencing psychological distress may turn to alcohol for relief; however, this reliance often leads to a cycle of dependence that ultimately worsens their mental health status (Calina et al., 2021). This cyclical relationship underscores the importance of addressing both alcohol consumption patterns and underlying mental health issues in intervention strategies.

5.3.2 Socioeconomic Status and Psychological Wellbeing

The correlation between socioeconomic status and psychological well-being reveals significant insights into how socioeconomic status influences mental health outcomes. The data show positive correlations between socioeconomic status and several dimensions of psychological well-being: emotional mastery (EM: $r = 0.193$, $p < 0.01$), personal growth (PG: $r = 0.221$, $p < 0.01$), purpose in life (PL: $r = 0.242$, $p < 0.01$), and self-acceptance (SA: $r = 0.198$, $p < 0.01$). These findings are consistent with existing literature indicating that individuals with higher socioeconomic status generally report better mental health outcomes due to greater access to resources and opportunities for personal development (Barger et al., 2009). For instance, a meta-analysis by Barger et al. (2009) revealed a strong negative correlation between low socioeconomic status and diminished psychological well-being across various populations ($r = -0.45$). This analysis supports the findings by emphasizing how socioeconomic factors can significantly shape

individuals' mental health experiences. Furthermore, the study's results suggest that lower socioeconomic status individuals may face increased stressors contributing to poorer mental health outcomes, reinforcing conclusions drawn by Karriker-Jaffe et al. (2021) regarding the mediating role of social support in this relationship.

Their research indicated that individuals from lower socioeconomic status backgrounds were more likely to engage in harmful drinking behaviors due to heightened stressors associated with their socioeconomic conditions. Additionally, studies have shown that lower socioeconomic status is correlated with higher rates of mental health issues due to limited access to healthcare services and social support systems (Koskinen et al., 2015). Individuals from disadvantaged backgrounds often experience chronic stressors related to financial instability, which can adversely affect their overall well-being. It is also essential to consider how societal factors interact with individual experiences of socioeconomic status when examining psychological well-being. For example, individuals from lower socioeconomic status backgrounds may encounter stigma or discrimination that exacerbates feelings of inadequacy or hopelessness (Hunt & Burns, 2017). These contextual factors can compound the effects of low socioeconomic status on mental health outcomes.

5.3.3 Regression Analysis on Alcohol use, Socioeconomic Status and Psychological Wellbeing

The regression analysis results provide further insight into how alcohol use and socioeconomic status jointly predict psychological well-being. The unstandardized coefficients reveal that both predictor variables significantly contribute to the model predicting psychological well-being: alcohol use has a negative impact (β= -0.233, p< 0.001), while socioeconomic status has a positive effect (β= 0.714, p< 0.001). The standardized coefficients indicate that alcohol use has a more substantial effect on

psychological well-being (β= -0.405) compared to socioeconomic status (β= 0.239). These findings underscore the significant role of alcohol consumption as a predictor of diminished psychological well-being relative to socioeconomic status as a protective factor against negative mental health outcomes. This aligns with existing literature suggesting that while low socioeconomic status contributes to poorer mental health outcomes through various mechanisms—including limited access to resources—alcohol use presents an immediate risk factor for deteriorating mental health conditions. Moreover, these results are consistent with previous studies indicating that harmful drinking behaviors are prevalent among individuals facing economic hardship, thereby exacerbating their mental health challenges (Karriker-Jaffe et al., 2021).

The regression analysis highlights the necessity for targeted interventions addressing both alcohol consumption patterns and socioeconomic disparities to improve overall psychological well-being. In conclusion, this discussion highlights critical insights derived from empirical findings regarding the relationships between alcohol use, socioeconomic status, and psychological well-being. The negative correlations associated with high levels of alcohol consumption emphasize its detrimental effects on various dimensions of mental health while reinforcing existing literature on the topic. Similarly, the positive associations between socioeconomic status and psychological well-being underscore the importance of addressing socioeconomic disparities in mental health interventions. The regression analysis further elucidates these relationships by demonstrating how both predictor variables significantly influence psychological well-being.

5.4 Qualitative Findings on the Relationship Between the Study Variables

This discussion synthesizes the qualitative insights gathered from key informants with the quantitative data analyzed earlier, highlighting the implications for mental health interventions and policy development.

5.4.1 Alcohol Use and Psychological Wellbeing

The qualitative findings from interviews with health professionals, mental health practitioners, community leaders, and household heads reveal nuanced perspectives on how alcohol use affects psychological well-being. Health professionals, particularly addiction specialists, emphasized that excessive alcohol consumption often serves as a coping mechanism for underlying mental health issues such as anxiety and depression. This observation aligns with the quantitative data showing a significant negative correlation between alcohol use and various dimensions of psychological well-being, for instance: emotional mastery, personal growth, purpose in life. The regression analysis indicated that higher alcohol consumption is associated with lower psychological well-being (β= -0.233, p< 0.001). Moreover, qualitative insights from psychologists highlighted that individuals who consume alcohol excessively often experience a cycle of dependency that exacerbates their mental health problems. This cyclical relationship is reflected in the literature, where studies have shown that individuals with pre-existing mental health conditions are more likely to engage in harmful drinking behaviors (Calina et al., 2021). The qualitative data further suggest that social contexts surrounding drinking, such as: peer pressure and cultural norms, play a significant role in shaping individuals' drinking behaviors. This observation resonates with existing literature that identifies social influences as critical factors in alcohol consumption patterns (Zhou et al., 2014).

In contrast, some community leaders noted that moderate alcohol consumption could foster social connections and enhance community bonding during cultural events or gatherings. This perspective aligns with research indicating that moderate drinking may have social benefits that contribute positively to well-being (Hartley et al., 2004). However, it is essential to recognize that while moderate drinking may have some positive effects on social relationships, the overall trend indicates that excessive use is predominantly harmful to mental health. Furthermore, qualitative interviews with male and female household heads revealed differing perceptions of alcohol use within families. Male household heads often viewed alcohol as a source of stress relief after long working hours; however, they acknowledged the negative consequences it could have on family dynamics and personal relationships. Female household heads expressed concern about the impact of their partners' drinking habits on children's well-being and family stability. This gendered perspective highlights the need for targeted interventions that consider the unique experiences of different family members regarding alcohol use.

5.4.2 Socioeconomic Status and Psychological Wellbeing

The qualitative findings also shed light on how socioeconomic status influences psychological well-being among community members. Social workers specializing in urban poverty emphasized that low socioeconomic status is associated with increased stressors such as financial instability, limited access to healthcare services, and inadequate social support networks. These insights align with the quantitative findings showing a positive correlation between socioeconomic status and various dimensions of psychological well-being for instance, emotional mastery: $r = 0.193$, $p < 0.01$; personal growth: $r = 0.221$, $p < 0.01$. Qualitative interviews revealed that individuals from lower socioeconomic status backgrounds often experience chronic stress due to economic hardships, which can adversely affect their mental health outcomes.

This observation is consistent with previous research indicating that lower socioeconomic status correlates with higher rates of mental health issues due to limited access to resources (Koskinen et al., 2015). Additionally, community leaders highlighted how systemic barriers such as: discrimination and lack of access to quality education, further exacerbate the challenges faced by low socioeconomic status individuals. Interestingly, some interviewees noted that community support systems play a vital role in mitigating the negative effects of low socioeconomic status on psychological well-being. For instance, local government officials emphasized the importance of community programs aimed at providing mental health resources and support services for low-income families. This perspective aligns with Karriker-Jaffe et al. (2021), who found that strong social support networks can buffer against the adverse effects of low socioeconomic status on mental health outcomes. However, there were contrasting views regarding the effectiveness of existing support systems. Some household heads expressed frustration over bureaucratic hurdles in accessing social services, indicating a gap between policy intentions and real-world implementation. This sentiment underscores the need for policymakers to engage with communities directly to understand their needs better and improve service delivery.

5.4.3 Alcohol Use, Socioeconomic Status and Psychological Wellbeing

The regression analysis presented earlier demonstrates how both alcohol use and socioeconomic status significantly predict psychological well-being. The unstandardized coefficients reveal that while higher alcohol consumption negatively impacts psychological well-being (β= -0.233), higher socioeconomic status has a positive effect (β= 0.714). Qualitative interviews corroborate these findings by illustrating how both factors interact to shape individuals' mental health experiences. Health professionals noted that individuals from lower socioeconomic status backgrounds are more likely to

engage in harmful drinking behaviors due to increased stressors associated with their economic conditions. This observation aligns with the literature indicating a strong relationship between low socioeconomic status and increased rates of substance abuse (Barger et al., 2009). Furthermore, qualitative data suggest that individuals facing economic hardships may turn to alcohol as a coping mechanism for managing stress, thereby exacerbating their mental health challenges.

Moreover, local government officials emphasized the importance of addressing both alcohol use patterns and socioeconomic disparities in developing effective interventions aimed at improving psychological well-being within communities. They advocated for integrated approaches that combine substance abuse treatment with socioeconomic support services to address the root causes of poor mental health outcomes. The qualitative findings also highlight potential avenues for intervention based on community perspectives. For instance, addiction specialists suggested implementing educational programs focused on healthy coping strategies for managing stress without resorting to alcohol consumption. Additionally, public health experts emphasized the need for policies aimed at reducing economic disparities through job training programs and access to affordable healthcare services.

In conclusion, integrating qualitative interview findings with quantitative data provides valuable insights into the complex relationships between alcohol use, socioeconomic status, and psychological well-being. The qualitative perspectives gathered from key informants illuminate how these factors interact within communities and affect individuals' mental health experiences. The discussions highlight critical areas for intervention by emphasizing the importance of addressing both alcohol consumption patterns and socioeconomic disparities in promoting psychological well-being. Future research should continue exploring these interactions while considering additional

contextual factors such as social support networks and community resources to develop comprehensive strategies aimed at enhancing mental health outcomes across diverse populations.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter covers conclusion on the aims of the study; conclusion on relationship between study variables alcohol use, socioeconomic status and psychological wellbeing. Moreover, the chapter covers recommendations and limitations to the study.

6.1 Conclusion on study objectives

This dissertation aimed to investigate the impact of alcohol use and socioeconomic status on psychological well-being, specifically through the lens of Ryff's six dimensions of psychological well-being: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relationships. The findings from both quantitative analyses and qualitative interviews with key informants reveal significant insights into how these independent variables interact to influence the mental health outcomes of individuals in a struggling economy characterized by underdevelopment and weak governance.

6.1.1 Alcohol use and psychological wellbeing

The quantitative data demonstrated a clear negative correlation between alcohol use and psychological well-being across all dimensions examined. Higher levels of alcohol consumption were associated with lower scores in emotional mastery, personal growth, positive relationships, purpose in life, and self-acceptance. These findings corroborate existing literature that links excessive alcohol use to adverse mental health outcomes (Dvorak et al., 2013; Karriker-Jaffe et al., 2021). Qualitative insights from health professionals and community leaders further illustrated the cyclical nature of

alcohol dependency and its role as a coping mechanism for underlying mental health issues, reinforcing the notion that individuals often turn to alcohol as a means of escaping their socio-economic hardships.

6.1.2 Socioeconomic status and psychological wellbeing

In terms of socioeconomic status, the findings revealed a positive correlation between higher socioeconomic status and improved psychological well-being. Individuals from higher socioeconomic status backgrounds reported greater emotional mastery, personal growth, and self-acceptance. This aligns with established research indicating that low socioeconomic status is associated with increased stressors that adversely affect mental health (Barger et al., 2009; Koskinen et al., 2015). The qualitative interviews highlighted the challenges faced by individuals in low socioeconomic status situations, including limited access to mental health resources and the pervasive stress associated with financial instability.

6.1.3 Alcohol use, socioeconomic status and psychological wellbeing

The combined impact of alcohol use and socioeconomic status on psychological well-being was particularly pronounced. The regression analysis indicated that while both factors independently predicted psychological well-being, alcohol use emerged as a more substantial risk factor compared to socioeconomic status as a protective factor. This finding emphasizes the necessity for integrated approaches that address both substance use patterns and socio-economic disparities in efforts to enhance mental health outcomes.

Overall, this research underscores the complexity of psychological well-being as influenced by both individual behaviors (such as alcohol consumption) and broader socio-economic contexts. The interplay between these factors necessitates comprehensive

intervention strategies that consider not only the psychological aspects but also the socio-economic realities faced by individuals in vulnerable communities.

6.2 Recommendations on study objectives

Based on the findings of this study, several recommendations can be made to improve psychological well-being among individuals affected by alcohol use and low socioeconomic status:

Community-Based Support Systems

Enhance community support systems that provide social networks for individuals struggling with alcohol use and low socioeconomic status. Community gatherings can serve as platforms for social interaction and support, reducing feelings of isolation while promoting healthier coping mechanisms.

Access to Mental Health Services

Improve access to mental health services in underdeveloped urban areas through mobile clinics or telehealth options. This would ensure that individuals facing barriers due to low socioeconomic status can receive necessary psychological support without stigma or logistical challenges.

Public Awareness Campaigns

Implement public awareness campaigns focused on the dangers of excessive alcohol consumption and its impact on mental health. Education initiatives should target various demographics within the community to foster understanding and encourage healthier lifestyle choices.

Policy Advocacy

Advocate for policies that address systemic issues contributing to low socioeconomic status, such as job creation programs, affordable housing initiatives, and access to quality education. By improving the overall economic conditions within

communities, it may be possible to reduce stressors contributing to poor mental health outcomes.

Training for Health Professionals

Provide training for health professionals on the intersectionality of alcohol use and socioeconomic factors affecting mental health. This training should emphasize culturally competent care tailored to the specific needs of vulnerable populations.

Research Funding

Increase funding for research exploring the links between substance use, socioeconomic status, and mental health outcomes in diverse populations. Longitudinal studies could provide deeper insights into how these relationships evolve over time.

6.3 Areas for Further Research

While this study has provided valuable insights into the impacts of alcohol use and socioeconomic status on psychological well-being, several areas warrant further investigation:

Longitudinal Studies

Future research should employ longitudinal designs to track changes in psychological well-being over time among individuals experiencing varying levels of alcohol use and socioeconomic status. Such studies could elucidate causal relationships more clearly than cross-sectional designs.

Cultural Contexts

Further exploration into how cultural norms surrounding alcohol consumption influence its impact on psychological well-being across different communities is essential. Comparative studies between diverse cultural groups could yield insights into culturally specific interventions.

Gender Differences

Investigating gender differences in responses to alcohol use and socioeconomic stressors may reveal unique patterns that could inform targeted interventions tailored to specific demographic groups.

Impact of Policy Changes

Research examining the effects of policy changes aimed at reducing poverty or improving access to mental health services on psychological well-being would provide valuable data on effective strategies for intervention.

Role of Social Support

Further studies should explore the role of social support networks in mediating the effects of alcohol use and low socioeconomic status on psychological well-being. Understanding how community cohesion can buffer against these negative impacts could inform community-based interventions.

Substance Use Diversification

Investigating other forms of substance use (e.g., illicit drugs) alongside alcohol consumption may provide a more comprehensive understanding of substance-related issues affecting psychological well-being in underdeveloped urban areas.

In conclusion, addressing the intertwined issues of alcohol use and socioeconomic status is crucial for enhancing psychological well-being among vulnerable populations. By implementing targeted interventions based on empirical findings and advocating for systemic changes within communities, stakeholders can work towards fostering healthier environments conducive to improved mental health outcomes.

6.4 Limitations of the study

The study encountered limitations with its utilization of self-report questionnaires, which potentially presented a challenge as respondents might have chosen to underreport their experiences with alcohol use. Despite this limitation, the data collection instrument played a crucial role in the study.

It is plausible that beyond a certain level, alcohol use could have a causally detrimental impact on psychological wellbeing. Alternatively, it is also feasible that individuals facing psychological wellbeing challenges might resort to unhealthy alcohol use as a coping mechanism.

The analysis of cross-sectional data restricted the assessment of the temporal order or direction of effect in the observed associations. To gain a better understanding of progressions and cause-and-effect relationships, more extensive studies using a longitudinal design should be conducted.

Furthermore, the study lacked control over numerous factors influencing psychological wellbeing, some of which might be linked to alcohol use. Consequently, uncontrolled confounding variables could have influenced some of the associations discovered.

Lastly, the generalizability of the findings might be limited due to the study's specific cultural context, sample size, and imbalanced sample representation.

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APPENDICES

APPENDIX I: Informed Consent Form for the Respondents

To the participant:

My name is Zahra Paul Ngor Chol, and I'm now enrolled in my final year of study for a Master of Art in Counseling Psychology at Uganda Christian University-Mukono. Alcohol Use, Socioeconomic Status, and Psychological Well-Being: Case Study of Households in Katur Payam, Central Juba, South Sudan is the subject of my academic study. You are invited to participate because you live in Katur Payam, Central Juba, South Sudan, and are a household member there.

This study aims to investigate the associations between household alcohol consumption, socioeconomic level, and psychological health in Katur Payam, central Juba, South Sudan. Participation in the study carries only a little risk; nonetheless, if you experience any discomfort while filling out the questionnaire, please get in touch with me.

Although it won't immediately benefit you, taking part in this research endeavor will help me support my thesis. You are absolutely free to skip any question or to opt not to participate at all. Please read the permission form carefully and contact us with any questions you may have before deciding to participate. Your comments and conversations will be kept private and anonymous.

Please feel free to contact me at the following number if you happen to have any questions about the project: +211 xx- x - xxx xxx

Appendix II: Questionnaire for respondents with items assessing alcohol use, socio-economic status and psychological well-being.

My name is Zahra Paul Ngor Chol, a Master of Art in Counseling Psychology candidate at Uganda Christian University. Alcohol Use, Socioeconomic Status, and Psychological Well-Being: Case of Households in Kator Payam, Juba, South Sudan is the subject of a dissertation that I am currently conducting. The purpose of this survey is intended to make the investigation into the aforementioned study easier. Your information will be preserved with the absolute confidentially and will only be used for educational purposes; you were randomly nominated for taking part in this research project. Please follow the directions provided at the outset of every part to the best of your ability as you reply to the questions below. On this survey, you have the option of writing your name or not. Complete the form, then send it back to me. Also, thank you for collaborative effort.

Name: ……

Please tick the responses that best apply to you

Section A: Respondent Characteristics

A.1. Sex of Respondent

Male	Female
1	2

A.2. Marital Status

Single	Married	Separated	Divorced	Widow	Widower
1	2	3	4	5	6

A.3. Age Bracket

18- 27 Years	28 – 37 Years	38 – 47 Years	48-57 Years	58+ Years
1	2	3	4	5

A.4. Educational Attainment

Post-Graduate	Graduate	Diploma	Certificate	Others
1	2	3	4	5

A.5. Occupation

Technical Professionals	Legal Professional	Politics	Financial Services	Health	Entrepreneurs	Agriculture	Academia	Blue-Collar	Unemployed
1	2	3	4	5	6	7	8	9	10

A.6. Income Levels

< SS£ 650	SS£ 650 - SS£ 2599	SS£ 2600 - SS£ 649	SS£ 650 - SS£ 12999	SS£ 13000 - SS£ 19499	SS£ 19500 - SS£ 25999	SS£ 26000 - SS£ 38999	SS£ 39000 - SS£ 51999	SS£ 52000 - SS£ 64999	> SS£ 65000
1	2	3	4	5	6	7	8	9	10

SECTION B: Alcohol Use Disorders Identification Test (AUDIT)

AUDIT is a rigorous 10-question alcohol hazard screening instrument. It was created by the World Health Organization (WHO) and will be updated for this research investigation.

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you [illegible]	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last [illegible]	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you [illegible]	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy [illegible]	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after [illegible]	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you [illegible]	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you	No		Yes, but not in the last year		Yes, during the last year	

Total AUDIT SCORE	

SECTION C: Questionnaire on Psychological Well-being

RYFF SCALES OF PSYCHOLOGICAL WELL-BEING

The following statements address how you may feel about yourself and your life. Please note that there are no right or wrong responses.

Please mark your level of agreement (from 1-6) with the following sentences.

Circle the number that best describes the degree to which you agree or disagree with each statement.	Strongly Disagre	Disagree	Disagre e	Agree Slightl	Agree	Strongl y Agree
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most	1	2	3	4	5	6
2. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
3. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
4. Most people see me as loving and affectionate.	1	2	3	4	5	6
5. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
6. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
8. The demands of everyday life often get me down.	1	2	3	4	5	6
9. I think it is important to have new experiences that challenge how you think about yourself and	1	2	3	4	5	6

10. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
11. I have a sense of direction and purpose in life.	1	2	3	4	5	6
12. In general, I feel confident and positive about myself.	1	2	3	4	5	6
13. I tend to worry about what other people think of me.	1	2	3	4	5	6
14. I do not fit very well with the people and the community around me.	1	2	3	4	5	6
15. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
16. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6
17. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
18. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
20. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
21. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6

22. I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
23. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6
24. . I like most aspects of my personality.	1	2	3	4	5	6
25. I have confidence in my opinions, even if they are contrary to the general	1	2	3	4	5	6
26. I often feel overwhelmed by my responsibilities	1	2	3	4	5	6
27. I do not enjoy being in new situations that require me to change my old familiar ways of	1	2	3	4	5	6
28. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
29. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6
30. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
31. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6
32. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6

33. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6
34. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
35. Some people wander aimlessly through life, but I am not one of them	1	2	3	4	5	6
36. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
37. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
38. I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
39. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
40. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
41. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6

APPENDIX III: Qualitative Tool/Interview Guide for health care workers.

Instructions:

Please answer by ticking the appropriate answers where necessary.

Section A: Respondent Characteristics

A.1. Sex of Respondent

Male	Female
1	2

A.2. Age Bracket

18- 27 Years	28 – 37 Years	38 – 47 Years	48-57 Years	58+ Years
1	2	3	4	5

A.3. Professional position

Social Worker	Psychologist	Psychiatrist
1	2	3

A.5. How long have you worked with this profession?

0-1 year	1-5 years	6-10 years	11+ years
1	2	3	4

Section B:

Statements in line with the Study Variables

a. **Alcohol use**

i. How does moderate use of alcohol impact the psychological well-being of house-hold heads?

……

……....

ii. How do you control harm use of alcohol by household-heads in Kator Payam?

……

……....

iii. How do you manage heavy alcohol use by house-hold heads of Kator Payam and its impact on their psychological well-being?

……

……....

iv. What is the state of addiction use of alcohol by household-heads and its ramifications for their psychological well-being?

……

……....

b. **Socioeconomic status**

i. How has the education level of household heads influenced their psychological well-being?

……

……....

ii. How have the income levels of family heads influenced their psychological well-being?

……

……..…

iii. How has occupation, as a measure of socioeconomic position, influenced the psychological well-being of household heads?

……

……

c. **Psychological well-being**

i. What interventions are implemented to improve the autonomy capabilities of household-heads of Kator Payam?

……

……

ii. What strategies are put in place to aid household-heads in creating positive relations with others in Kator Payam?

……

……

iii. What programs are initiated to enable household-heads to increase their level of environmental mastery?

……

……

iv. What strategies are put in place to assist household-heads to improve their personal growth in life?

……

……

i What interventions are utilised to ensure household heads of Kator Payam develop their skill of self-acceptance?

……

……

Thank you very much for taking the time!

Appendix IV: Krejcie & Morgan (1970), Table for Sample Size Determination.

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	100000	384

Note: “N” is population size; “S” is sample size.

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SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 10/02/2025

Name of Candidate: ZAHRA PAUL NGOR CHOL **Reg. No:** RM15M03/001

Title of Dissertation ALCOHOL USE, SOCIO-ECONOMIC STATUS AND PSYCHOLOGICAL WELL-BEING: CASE OF HOUSEHOLD-HEADS IN KATOR PAYAM, JUBA, SOUTH SUDAN.

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Historical information was not provided.	Historical information has been written under Background to Study.	Pages 2 and 3

2	Contextual and conceptual perspectives weren't well written	Contextual and conceptual perspectives are re-edited adequately.	Pages 3 to 7.
3	Theories under theoretical framework ought to capture major proponents	Major proponents "Carol Ryff" and "Urie Bronfenbrenner" for Psychological well being & Ecological view theories are covered.	Pages 8 to 10
4	Literature Review needs to cover contemporary sources	Reference scholars from 2012 to indicate recent studies. Exception only for major proponents of concepts.	Pages 20 to 38
5	Indicate number of interview respondents and how they were selected	Re-edited to show how interviewees were selected and numbers in total.	Pages 51, 52, 53
6	How was stratified Random Sampling done and what random sampling was applied?	Detailed how stratified Random Sampling was carried out, variables utilised and simple random sampling indicated.	Pages 45 and 46.

7	Include information on qualitative data, omit terms such as "herein", "below",...	Terms like "herein", "above", "below", "et al" deleted. Qualitative data was included at the end of Chapter Four.	Pages 71 to 74
8	Remove quotes from Chapter 5 to Chapter 4. Literature references used in arguments during discussions.	Interviewee quotes were moved to Chapter Four. Discussions were incorporated with literature references to construct arguments.	Pages 75 to 88
9	Conclusions and recommendations should be reworked. Sub-headings under recommendations.	Sub-headings were included under recommendations. Chapter was re-done.	Pages 89 to 94.

SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Improve submission narrative	Corrected as per guidance	Cover page
2	Abstract should be moved after Acronyms before Chapter One	Altered position of Abstract page as instructed.	Page xiii
3	Conceptual perspective re-edited	Addresses critical concepts in the study	Page 5
4	Specific objectives, terms "investigate", "assess", "determine" to be harmonized.	Re-edited as instructed. Uses "To investigate" for specific objectives.	Page 12.
5	Chapter Two, Literature review should be re-aligned along specific objectives lines	Literature Review flow and coverage was aligned along specific objectives.	Pages 20 to 38
6	The direct quotes ought to be formatted, "indented 5 spaces on the left and right stays on writing line."	Direct quotes were formatted as instructed	Pages 72 to 73

7	Removal of Budget and Timeframe	Budget and Timeframe were deleted	N/A

SN	COMMENTS BY VIVA VOCE PANNEL	ACTION TAKEN	INDICATOR
1	Clarity if household heads or youths were respondents.	Re-edited to emphasize household heads as respondents	Cover Page: Title
2	clarity on sampling techniques. How stratified random sampling was done. Which random sampling	Krejcke & Morgan (1970) table to pick number of sample size. Convenience and Purposive sampling to pick key-informants. Details on how stratified random sampling happened is shown. Simple random sampling, how was done.	Page 45 Page 45 Page 46 Page 46

Qualitative data was not shown. Qualitative data not used in discussions. Needs to be used as in mixed-methods approach.	Qualitative data was inserted at the end of Chapter Four. Qualitative data was used in discussions of findings.	Pages 71 to 74 Pages 84 to 88

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