INFLUENCE OF GENDER AND LOCALITY ON ALCOHOL ABUSE AMONG SECONDARY SCHOOL STUDENTS IN EKITI STATE.

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ABSTRACT

Issue of alcohol use among secondary school students is becoming a thing of concern to the world at large. The present study investigated the influence of gender and locality on alcohol abuse among secondary school students in Ekiti state.

The study adopted ex-post facto research design. A total of 200 undergraduates were accidentally sampled in the study. These participants were administered with severe alcohol dependence questionnaire (SADQ) together with demographic information. Three hypotheses were tested in the study using independent samples t-test and none was confirmed significant.

Gender has no significant influence on alcohol abuse. . (t=-1.683; df =248; p= >.05). Therefore, hypothesis one was rejected.

Locality has no significant influence on alcohol abuse. (t=-1.429; df =248; p= >.05). Therefore, hypothesis two is rejected

The result of the tested hypotheses showed that gender and locality has no significant influence on alcohol abuse. (f=-.799; df =1; p= >.05). We therefore reject hypothesis three.

Based on these findings, it is concluded that gender and locality does not have a significant influence on alcohol abuse among secondary school students in Ekiti state.

On the basis of this findings, the researcher recommended that young people be educated on the use of alcohol, the dangers of taking it too much, what it does to their body system and how it alter things in the brain.

Keywords: Gender, Locality, Alcohol abuse.

Word count: 226

CHAPTER ONE

INTRODUCTION

Background of study

Early alcohol use has been shown to increase risk for chronic alcohol addiction and other alcohol problems in later life (Hingson, Heeren, and Winter, 2006; Masten et al., 2009). The American Psychiatric Association, in its *Diagnostic and Statistical Manual of Mental Disorders,* 4th ed. (DSM–IV), established two diagnoses of alcohol use disorders: alcohol abuse and alcohol dependence (American Psychiatric Association, 1994). To be diagnosed with alcohol abuse, at least one of four symptoms1 must be present within a 1-year period, and to be diagnosed with alcohol dependence, at least three of seven possible symp-toms2 must be present within a 1-year period. Some researchers and clinicians do not believe that this diagnostic system is adequate for youth. Adolescents tend to experience additional symptoms of problem alcohol use that are not included in these diagnostic criteria, such as blackouts, passing out, risky sexual behavior, craving, and a drop in school grades (Martin et al., 1995).

Due to civilization and urbanization, most societal norms and values are fading gradually. As at the pre-colonial era the only alcoholic drink in Nigeria were palm wine and ogogoro (local dry gin) which were only used by adults and can as well be used for ceremonies and as medicine. Today civilization and science have increased the number of alcoholic drink in the society for example, spirits, beer, wine etc. This makes alcohol to be always available when needed. Based on this fact, many people especially youth now indulge in alcoholic drinking. Thus, majority drinks it without control while others has made it part of their life. Others see it as an alternative to food. The trend is much among adolescents who use it for excitement, boosting of moral and so on. This ugly situation knows no boundary in relation to gender, culture, socio-economic status and even religion. The abuse of alcohol by adolescents and the problems associated with it have become a great concern to researchers. Studies have linked alcohol consumption by adolescents to a number of negative consequences, ring-up from vandalism to sexual assault.

Drug abuse among teens is the great problem that has speeded all over the world. In Jamaica, the use of drugs abuse by teenagers has more increased over the decades in studying the drug usage patterns of Jamaican teens discovered that while usage was not dependent on sex. In 1989, 78 percent of teens males and percent of teen female were using one of the four drugs (alcohol, marijuana, cocaine and tobacco) between 1994 and 1995; it indicates that 60 percent of the teens have tried one or more drugs including marijuana while 1.3 percent has used cocaine. These alarming levels of reported drug abuse continued to grow as in 2006, one(1) in every three (3) students in secondary schools admitted to use the hashish while one (1) of the ten (10) students admitted to currently using drugs. (Gleaner , 2010),(Alexander.2001).

A 2015 study conducted by the National Institute on Drug Abuse (NIDA) indicated that more than 58% of 12thgraders had consumed alcohol and nearly 24% had used illicit drugs in the past year.1Teenagers and young adults get involved with alcohol and drugs for many reasons, including

Curiosity: They want to know what it feels like to be drunk, intoxicated, or high.

Peer pressure: Their friends are doing it or pressuring them to do the same.

Acceptance: Their parents or role models are doing it and they want to feel accepted by those they look up to.

Defiance: They want to rebel against rules placed on them.

Risk-taking behaviors: They want to send out a call for help.

Thrill-seeking activities: They want to experience something other than numbness.

Boredom: They feel there is nothing else to do, and trying drugs or alcohol gives them a feeling of excitement.

Independence: They want to make their own decisions and assert their own independence.

Pleasure: They want to feel good.

Teens are dealing with a heavy mix of emotions, and drugs can help numb any pain and make them feel better even when times are tough. Peer Pressure At any age, people wants to be liked and accepted by those around them. This is especially true for adolescents and teens that are going through a process of transformation from childhood into adulthood. They are still discovering who they are, and through the confusion that often causes, want all the more to be accepted by their peers. Imagine you find yourself with someone you trust and admire. You are handed a bong, a bottle, or some pills and offered a place in the crowd. Even the most upstanding student may be tempted to try just this once. Teens give into peer pressure for many reasons, including: Fear of rejection. Not wanting to be made fun of. Not wanting to lose a friend. Not wanting to hurt someone's feelings.

1.2 **Statement of Problem**

In 2001, the Youth Risk Behavior Survey (Grunbaum et al., 2002) reported that, of youth who drank four or more drinks on at least one occasion during the past 30 days, 44 percent carried a weapon and 22 percent carried a gun, as compared with 10 percent and 3 percent, respectively, of those who never drank. Frequent heavy drinkers became engaged in fights (both in general and at school) more frequently than nondrinkers (Hingson and Kenkel, 2004). In 2001, 696,000 college students were hit or assaulted by another college student who had been drinking (Hingson, Zha, & Weitzman, 2009). Dating violence also occurs much more frequently among underage drinkers than nondrinkers. Those who drank heavily and frequently were much more likely to have been hit or slapped by a boyfriend or girl-friend and to have been forced to have sex (Hingson and Kenkel, 2004). More than 70,000 students between ages 18 and 24 are victims of alcohol-related sexual assaults (National Institute on Alcohol Abuse and Alcoholism, 2007). Alcohol is often a factor for both assailants and victims in these assaults. As many sexual assaults

are never reported, the actual rates of alcohol-related attacks may be much higher (Bonnie and O'Connell, 2004).

Adamu (2009), described drug abuse as the use of chemical substance illicit which results in the Individual physical, mental and emotional or social impairment. Rimfat (2003) posits that some students take drugs with intention to belong to a peer group. This is because of fear of being isolated from the group. According to Ajila (1999) many students are found in the habit of indulging in Heroin, Cocaine, Marijuana. Tobacco, Alcohol Caffeine Mandrax, Chinese capsule, Valium, Proplus, Phospherine/Reactivan and Dextierine which were grouped into three categories namely, hallucinogen, depressant or sedative and stimulant.

Nigeria, research has revealed that a substance use prevalence rate of 71.7% (81.5%) of the adolescents substance users were males as against 18.4 females. Ebie & Obiora further noted an interesting wide spread of substance abuse among adolescents in many African countries. Makanjuola, revealed the pattern of substance abuse among medical students in Nigeria. They observe a high rate of milled stimulant (alcohol and sedative/tobacco) use among the medical students. Alcohol is a depressant, which means that it reduces the activities of the nervous system. It is regarded as a central nervous system depressant (DNSD). It is in the same family as valium. As a depressant, its initial effect is an apparent stimulation; it gives a feeling of well-being, reduces inhibition, and makes one to be more out-going. This is because the inhibitory centers in the brain are initially de-pressed or showed down with continued drinking, however, alcohol depresses more areas of the brain, which impedes the ability to function properly Motor co-ordination is impaired (staging, slurred speech), reaction showed, it causes confusion and reduction in judgment ability even vision and hearing can be negatively affected

1.3 Purpose of Study

The main purpose of this study is to examine the influence of gender and locality on alcohol abuse among secondary school student. Specific objective are as follows:

1. To examine gender difference on alcohol abuse among secondary school student

2. To examine influence of locality on alcohol abuse among secondary school student.

1.4 Significance of study

This study will educate teenagers the dangers and consequence of alcohol abuse, the harm it cause to their health and brain.

This study will add to existing body knowledge, it will enable us find out reason why teenagers engaging in alcohol abuse and how it can be tackled in the society.

CHAPTER TWO

Literature Review

1.1 Theoretical Framework

Social Learning Theory

Social learning theory was developed by Albert Bandura (1977) who agrees with the behavaourist learning theories of classical conditioning and operant conditioning. However, he adds two important ideas:

1. Mediating processes occur between stimuli & responses.
2. Behavior is learned from the environment through the process of observational learning. Observational Learning Children observe the people around them behaving in various ways. This is illustrated during the famous Bobo doll experiment (Bandura, 1961).Individuals that are observed are called models. In society, children are surrounded by many influential models, such as parents within the family, characters on children's TV, friends within their peer group and teachers at school. These models provide examples of behavior to observe and imitate, e.g. masculine and feminine, pro and anti-social etc. Children pay attention to some of these people (models) and encode their behavior. At a later time they may imitate (i.e. copy) the behavior they have observed. They may do this regardless of whether the behavior is 'gender appropriate' or not, but there are a number of processes that make it more likely that a child will reproduce the behavior that its society deems appropriate for its sex. First, the child is more likely to attend to and imitate those people it perceives as similar to itself. Consequently, it is more likely to imitate behavior modeled by people of the same sex. Second, the people around the child will respond to the behavior it imitates with either reinforcement or punishment. If a child imitates a model's behavior and the consequences are rewarding, the child is likely to continue performing the behavior. If parent sees a little

girl consoling her teddy bear and says “what a kind girl you are”, this is rewarding for the child and makes it more likely that she will repeat the behavior. Her behavior has been reinforced (i.e. strengthened).

Reinforcement can be external or internal and can be positive or negative. If a child wants approval from parents or peers, this approval is an external reinforcement, but feeling happy about being approved of is an internal reinforcement. A child will behave in a way which it believes will earn approval because it desires approval. Positive (or negative) reinforcement will have little impact if the reinforcement offered externally does not match with an individual's needs. Reinforcement can be positive or negative, but the important factor is that it will usually lead to a change in a person's behavior. Third, the child will also take into account of what happens to other people when deciding whether or not to copy someone’s actions. A person learns by observing the consequences of another person’s (i.e. models) behaviour e.g. a younger sister observing an older sister being rewarded for a particular behaviour is more likely to repeat that behaviour herself. This is known as vicarious reinforcement. This relates to attachment to specific models that possess qualities seen as rewarding. Children will have a number of models with whom they identify. These may be people in their immediate world, such as parents or older siblings, or could be fantasy characters or people in the media. The motivation to identify with a particular model is that they have a quality which the individual would like to possess. Identification occurs with another person (the model) and involves taking on (or adopting) observed behaviors, values, beliefs and attitudes of the person with whom you are identifying. The term identification as used by Social Learning Theory is similar to the Freudian term related to the Oedipus complex. For example, they both involve internalizing or adopting another person’s behavior. However, during the Oedipus complex the child can only identify with the same sex parent, whereas with Social Learning Theory the person (child or adult) can potentially identify with any other person. Identification is different to imitation as it may involve a

number of behaviors being adopted, whereas imitation usually involves copying a single behavior. Meditational Processes SLT is often described as the 'bridge' between traditional learning theory (i.e. behaviorism) and the cognitive approach. This is because it focuses on how mental (cognitive) factors are involved in learning. Unlike Skinner, Bandura (1977) believes that humans are active information processors and think about the relationship between their behavior and its consequences. Observational learning could not occur unless cognitive processes were at work. These mental factors mediate (i.e. intervene) in the learning process to determine whether a new response is acquired. Therefore, individuals do not automatically observe the behaviour of a model and imitate it. There is some thought prior to imitation and this consideration is called mediational processes. This occurs between observing the behaviour (stimulus) and imitating it or not (response)There are four mediational processes proposed by Bandura:

1. Attention: The extent to which we are exposed/notice the behaviour. For a behaviour to be imitated it has to grab our attention. We observe many behaviours on a daily basis and many of these are not noteworthy. Attention is therefore extremely important in whether a behaviour has an influence in others imitating it.

2. Retention: How well the behaviorist remembered. The behaviour may be noticed, but is it not always remembered which obviously prevents imitation. It is important therefore that a memory of the behaviour is formed to be performed later by the observer. Much of social learning is not immediate so this process is especially vital in those cases. Even if the behaviour is reproduced shortly after seeing it, there needs to be a memory to refer to.

3. Reproduction: This is the ability to perform the behavior that the model has just demonstrated. We see much behaviour on a daily basis that we would like to be able to imitate but that this not always possible. We are limited by our physical ability and for that reason, even if we wish to reproduce the behaviour, we cannot.This influences our decisions whether to try and imitate it or not. Imagine the scenario of a 90-year-old-lady who struggles

to walk watching Dancing on Ice. She may appreciate that the skill is a desirable one, but she will not attempt to imitate it because she physically cannot do it.4.Motivation: The will to perform the behaviour. The rewards and punishment that follow a behaviour will be considered by the observer. If the perceived reward outweighs the perceived costs (if there are any) then the behaviour will be more likely to be imitated by the observer. If the vicarious reinforcement is not seen to be important enough to the observer then they will not imitate the behaviour.

Critical Evaluation The social learning approach takes thought processes into account and acknowledges the role that they play in deciding if a behaviour is to be imitated or not. As such, SLT provides a more comprehensive explanation of human learning by recognizing the role of mediational processes. However, although it can explain some quite complex behavior it cannot adequately account for how we develop a whole range of behavior including thoughts and feelings. We have a lot of cognitive control over our behavior and just because we have had experiences of violence does not mean we have to reproduce such behavior. It is for this reason that Bandura modified his theory and in 1986 renamed his Social Learning Theory, Social Cognitive Theory (SCT), as a better description of how we learn from our social experiences. Some criticisms of social learning theory arise from their commitment to the environment as the chief influence on behaviour. It is limiting to describe behavior solely in terms of either nature or nurture, and attempts to do this underestimate the complexity of human behavior. It is more likely that behavior is due to an interaction between nature (biology) and nurture (environment).Social learning theory is not a full explanation for all behaviour. This is particularly the case when there is no apparent role model in the person’s life to imitate for a given behaviour . The discovery of mirror neurons has lent biological support to the theory of social learning. Although research is in its infancy the recent discovery of" mirror neurons" in primates may constitute a neurological basis for imitation. These are neurons which fire both if the animal does something itself, and if it observes the action being done by another

Health Belief Theory

The health belief model was developed in the 1950s by social psychologists at the U.S. Public Health Service and remains one of the best known and most widely used theories in health behavior research. The health belief model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. A stimulus, or cue to action, must also be present in order to trigger the health-promoting behavior. The health belief model History One of the first theories of health behavior, the health belief model was developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Health Service to better understand the widespread failure of screening programs for tuberculosis. The health belief model has been applied to predict a wide variety of health-related behaviors such as being screened for the early detection of asymptomatic diseases and receiving immunizations. More recently, the model has been applied to understand patients' responses to symptoms of disease, compliance with medical regimens, lifestyle behaviors (e.g., sexual risk behaviors), and behaviors related to chronic illnesses, which may require long-term behavior maintenance in addition to initial behavior change. Amendments to the model were made as late as 1988 to incorporate emerging evidence within the field of psychology about the role of self-efficacy in decision-making and behavior. Theoretical construct following constructs of the health belief model are proposed to vary between individuals and predict engagement in health-related behaviors (e.g., getting vaccinated, getting screened for asymptomatic diseases, exercising). Health belief model chart(smoking as an example)Modifying Variables(age, gender, race, economy, characteristics)Perceived Severity+ Perceived Susceptibility +perceived benefit- perceived barriers +Cues to Action=taking action (or not)(base score for this person's health)(base score as to the belief that smoking will harm one's health)(base score for smoking behavior)Perceived severity Perceived severity refers to the subjective assessment of the severity of a health problem and its potential consequences.

The health belief model proposes that individuals who perceive a given health problem as serious are more likely to engage in behaviors to prevent the health problem from occurring (or reduce its severity). Perceived seriousness encompasses beliefs about the disease itself (e.g., whether it is life-threatening or may caused disability or pain) as well as broader impacts of the disease on functioning in work and social roles. For instance, an individual may perceive that influenza is not medically serious, but if he or she perceives that there would be serious financial consequences as a result of being absent from work for several days, then he or she may perceive influenza to be a particularly serious condition .Perceived susceptibility Perceived susceptibility refers to subjective assessment of risk of developing a health problem. The health belief model predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviors to reduce their risk of developing the health problem. Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness. Others may acknowledge the possibility that they could develop the illness, but believe it is unlikely. Individuals who believe they are at low risk of developing an illness are more likely to engage in unhealthy, or risky, behaviors. Individuals who perceive a high risk that they will be personally affected by a particular health problem are more likely to engage in behaviors to decrease their risk of developing the condition. The combination of perceived severity and perceived susceptibility is referred to as perceived threat. Perceived severity and perceived susceptibility to a given health condition depend on knowledge about the condition. The health belief model predicts that higher perceived threat leads to higher likelihood of engagement in health-promoting behaviors. Perceived benefits Health-related behaviors are also influenced by the perceived benefits of taking action. Perceived benefits refer to an individual's assessment of the value or efficacy of engaging in a health-promoting behavior to decrease risk of disease. If an individual believes that a particular action will reduce susceptibility to a health problem or decrease its seriousness, then he or she is likely to engage in that behavior regardless of objective facts regarding the effectiveness of the action. For example, individuals who believe that wearing sunscreen prevents skin cancer are more likely to wear sunscreen than individuals who believe that wearing sunscreen will not prevent the occurrence of skin cancer. Perceived barriers Health-related

behaviors are also a function of perceived barriers to taking action. Perceived barriers refer to an individual's assessment of the obstacles to behavior change. Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may prevent engagement in the health-promoting behavior.

In other words, the perceived benefits must outweigh the perceived barriers in order for behavior change to occur Perceived barriers to taking action include the perceived inconvenience, expense, danger (e.g., side effects of a medical procedure) and discomfort (e.g., pain, emotional upset) involved in engaging in the behavior. For instance, lack of access to affordable health care and the perception that a flu vaccine shot will cause significant pain may act as barriers to receiving the flu vaccine. modifying variables Individual characteristics, including demographic, psychosocial, and structural variables, can affect perceptions (i.e., perceived seriousness, susceptibility, benefits, and barriers) of health-related behaviors. Demographic variables include age, sex, race, ethnicity, and education, among others. Psychosocial variables include personality, social class, and peer and reference group pressure, among others. Structural variables include knowledge about a given disease and prior contact with the disease, among other factors. The health belief model suggests that modifying variables affect health-related behaviors indirectly by affecting perceived seriousness, susceptibility, benefits, and barrier. Cues to action the health belief model posits that a cue, or trigger, is necessary for prompting engagement in health-promoting behaviors. Cues to action can be internal or external. Physiological cues (e.g., pain, symptoms) are an example of internal cues to action. External cues include events or information from close others, the media or health care providers. promoting engagement in health-related behaviors. Examples of cues to action include a reminder post card from a dentist, the illness of a friend or family member, and product health warning labels. The intensity of cues needed to prompt action varies between individuals by perceived susceptibility, seriousness, benefits, and barriers .for example, individuals who believe they are at high risk for a serious illness and who have an established relationship with a primary care doctor may be easily persuaded to get screened for the illness after seeing a public service announcement,

whereas individuals who believe they are at low risk for the same illness and also do not have reliable access to health care may require more intense external cues in order to get screened.

Self-efficacy Self- efficacy was added to the four components of the health belief model (i.e., perceived susceptibility, seriousness, benefits, and barriers) in 1988. Self-efficacy refers to an individual's perception of his or her competence to successfully perform a behavior. Self-efficacy was added to the health belief model in an attempt to better explain individual differences in health behaviors.

The model was originally developed in order to explain engagement in one-time health-related behaviors such as being screened for cancer or receiving an immunization. Eventually, the health belief model was applied to more substantial, long-term behavior change such as diet modification, exercise and smoking. Developers of the model recognized that confidence in one's ability to effect change in outcomes (i.e., self-efficacy) was a key component of health behavior change. Empirical support The health belief model has gained substantial empirical support since its development in the 1950s. It remains one of the most widely used and well-tested models for explaining and predicting health-related behavior. A 1984 review of 18 prospective and 28 retrospective studies suggests that the evidence for each component of the health belief model is strong. The review reports that empirical support for the health belief model is particularly notable given the diverse populations, health conditions, and health-related behaviors examined and the various study designs and assessment strategies used to evaluate the model. A more recent meta-analysis found strong support for perceived benefits and perceived barriers predicting health-related behaviors, but weak evidence for the predictive power of perceived seriousness and perceived susceptibility.

Social Cognitive Theory

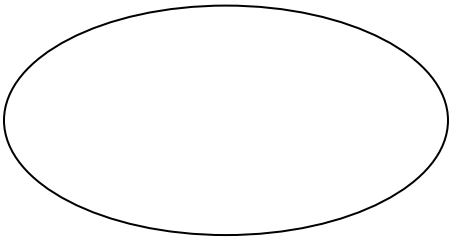
Social cognitive theory (SCT) holds that portions of an individual's knowledge acquisition can be directly related to observing others within the context of social interactions, experiences, and outside media influences. The theory states that when people observe a model performing a behavior and the consequences of that behavior, they remember the sequence of events and use this information to guide subsequent behaviors. Observing a model can also prompt the viewer to engage in behavior they already learned. In other words, people do not learn new behaviors solely by trying them and either succeeding or failing, but rather, the survival of humanity is dependent upon the replication of the actions of others. Depending on whether people are rewarded or punished for their behavior and the outcome of the behavior, the observer may choose to replicate behavior modeled. Media provides models for a vast array of people in many different environmental settings. The conceptual roots for social cognitive theory come from Edwin B. Holtand Harold Chapman Brown's 1931 book theorizing that all animal action is based on fulfilling the psychological needs of" feeling, emotion, and desire". The most notable component of this theory is that it predicted a person cannot learn to imitate until they are imitated. In 1941, Neal E. Miller and John Dollard presented their book with a revision of Holt's social learning and imitation theory. They argued four factors contribute to learning: drives, cues, responses, and rewards. One driver is social motivation, which includes imitativeness, the process of matching an act to an appropriate cue of where and when to perform the act.

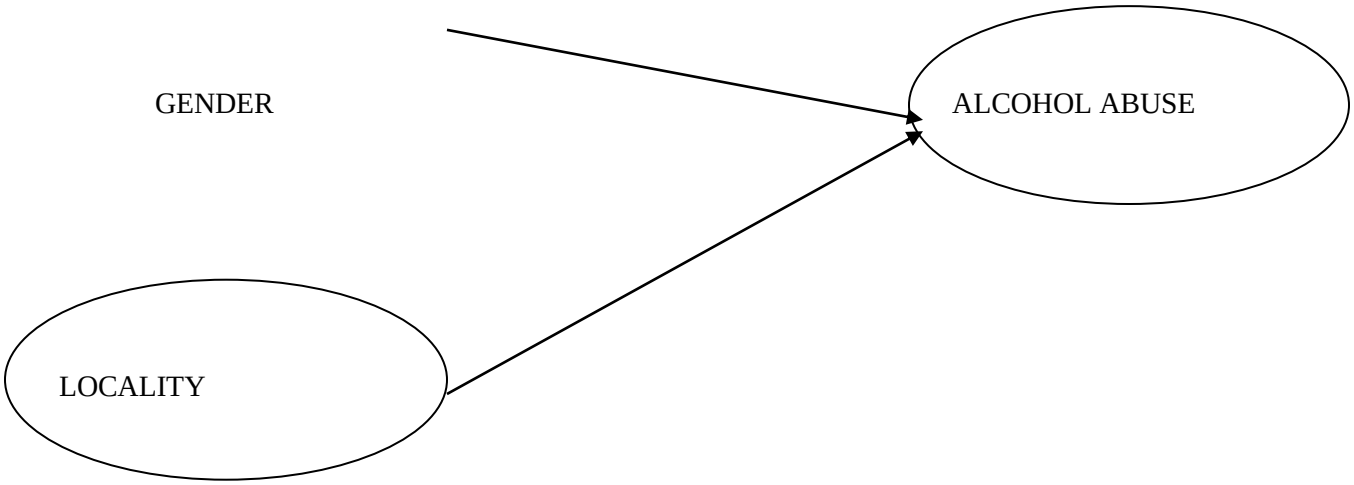
A behavior is imitated depending on whether the model receives a positive or negative response consequence. Miller and Dollard argued that if one were motivated to learn a particular behavior, then that particular behavior would be learned through clear observations. By imitating these observed actions the individual observer would solidify that learned action and would be rewarded with positive reinforcement. The proposition of social learning was expanded upon and theorized by Canadian psychologist Albert Bandura. Bandura, along with his students and colleagues conducted a series of studies, known as the Bobo doll experiment, in 1961 and 1963 to find out why and when children display

aggressive behaviors. These studies demonstrated the value of modeling for acquiring novel behaviors. These studies helped Bandura publish his seminal article and book in 1977 that expanded on the idea of how behavior is acquired, and thus built from Miller and Dollard's research. In Bandura's 1977 article, he claimed that Social Learning Theory shows a direct correlation between a person's perceived self-efficacy and behavioral change. Self-efficacy comes from four sources: "performance accomplishments, vicarious experience, verbal persuasion, and physiological states". In 1986, Bandura published his second book, which expanded and renamed his original theory. He called the new theory social cognitive theory. Bandura changed the name to emphasize the major role cognition plays in encoding and performing behaviors. In this book, Bandura argued that human behavior is caused by personal, behavioral, and environmental influences.

In 2001, Bandura brought SCT to mass communication in his journal article that stated the theory could be used to analyze how "symbolic communication influences human thought, affect and action". The theory shows how new behavior diffuses through society by psychosocial factors governing acquisition and adoption of the behavior. SCT has been applied to many areas of human functioning such as career choice and organizational behavior as well as in understanding classroom motivation, learning, and achievement. Social cognitive theory is a learning theory based on the idea that people learn by observing others. These learned behaviors can be central to one's personality. While social psychologists agree that the environment one grows up in contributes to behavior, the individual person (and therefore cognition) is just as important. People learn by observing others, with the environment, behavior, and cognition all as the chief factors in influencing development in a reciprocal triadic relationship. For example, each behavior witnessed can change a person's way of thinking (cognition). Similarly, the environment one is raised in may influence later behaviors, just as a father's mindset (also cognition) determines the environment in which his children are raised.

1.2 Theoretical Conceptualization





1.3 Related Empirical Studies

(Bonnie and O'Connell, 2004). In a study comparing the brains of youth ages 14 to 21 who did and did not abuse alcohol, researchers found that the hippocampi of drinkers were about 10 percent smaller than in those who did not drink. Not only is this finding significant, since the hippocampus is a part of the brain that handles memory and learning, but such effects may be irreversible.

According to Barrette and Turner (2008) in their study found that 82 of parents who drank had teenagers who drank while 72 of parents who abstained had teenager who did not drink. He went further to speculate the teenager models the adult behavior and that families with drugs or alcohol abuse in the parental generation are likely to breed an environment in which teenagers may turn to drug or alcohol lord

Chukwuonye I.I et all (2013) conducted a research on rural and urban cross-sectional study on alcohol consumption among adult Nigerians in Abia state.

The survey examined the pattern of alcohol consumption in Abia state Nigeria. The result shows that 55.8% of the participant had ever consumed alcohol; while 44.2% had never consumed alcohol. Globally,

46% of all men and 73% of all women abstain from alcohol, and most of these persons have not consumed any alcoholic beverage during their entire lives. The prevalence of alcohol consumption in our study during the last one year was 47.1%, this very high. Ebirim *et al.* obtained a prevalence of 78.4% among students in Owerri, while Igwe *et al.* obtained a prevalence of 31.6% among secondary students at Enugu. Our results also showed that more men consume alcohol than women. This is similar to the results from other studies carried out in Nigeria and other parts of Africa The percentage of frequent drinkers in our study was found to be 7.6%; this is higher than that reported by WHO in 2001 for Nigeria that is 5% among men, and 1% among females. This shows an increasing trend of alcohol consumption in the country during the last decade, which can be attributed by increasing number of social clubs, night clubs, and bars in the country. A high percentage of the participants were heavy drinkers in this study, 30.5% of them had taken more than five drinks in a day. The burden of alcohol drinking is common among heavy drinkers. Excessive alcohol consumption is associated with myriad of acute and chronic complications which include; cancers of the oesophagus, liver, stomach, and colon, liver cirrhosis, alcoholic encephalopathy, alcoholic dementia, hypertension, to mention but a few. Moreover, heavy alcohol consumption impacts on the relationship between those who do so and their close relatives and friends. It breads disharmony in their family, and on many occasions, leads to collapse of their marriages. Moderate drinking is known to significantly reduce the risk of a number of health problems, such as heart disease, stroke, dementia, and gallstones. The ideal amount of alcohol to drink to achieve this health benefit for women is one drink per day, and for men one or two drinks per day. A drink may be 175ml of wine, one standard-sized can or bottle of beer, or one standard shot of spirits. Palm wine and local gin are more commonly available in the rural areas of Abia state and this may explain why rural dwellers consume these. Similarly beer is more commonly available in the urban area. The study revealed that most participants received alcohol related advice from relations rather than health care workers. There are some explanations to this. The relations are more likely to suffer the consequences of alcohol abuse. In addition the current orientation of the healthcare services is aligned towards providing education on

alcohol use and misuse. This underlies the need to equip healthcare providers with requisite knowledge on alcohol related information.

Gender and locality on alcohol abuse

AGU S.A.1, et all (2013) conducted a research on Gender and locality on alcohol abuse among secondary school student. This study investigated effect of gender and locality on alcohol abuse among secondary school students. 130 adolescents males and females selected from urban (n=77) and rural (n=53) were used for the study. The participants were between 14-20 years with a mean age of 17 years. 15 items questionnaire designed to measure
substance abuse was for data collection. 2 x 2 factorial design was adopted while 2 x 2 analysis of variance F-test was used for data analysis. Findings revealed a significant influence of gender on substance abuse [F (1,126) = 11.8, p<.01]. A significant influence of locality was also observed on substance abuse [F (1,126) = 48.9 p<.01]. The study also showed a significant interaction effect of gender and locality on substance abuse among adolescents [F, (1,126) = 2565, p<.01]. Findings were discussed and recommendations were also made.

Adeoye,Bolade,K (phd) (2014) conducted a research on: The Use Of Alcohol Among Youth In Ikenne Local Government, Ogun State. Nigeria.

The finding at this study as indicated in table 1 revealed that the 3 variables in the research when taken together do responsible for the usage of alcohol among youth. The result shared that 46.1% of the variance in the disposition towards alcohol usage was accounted for by the three predictors' variables when taken together. Although, the relationship between the criterion and the predictors variables was

low as shown by the co-efficient of multiple regression (R =. 683), but the observed F – ratio of F = 13.352; significant at .05 level is an evidence that effectiveness of a combination of the three independent variables in the prediction of the youth towards disposition to alcoholic usage could not have happened by chance. The result agrees with the research finding reported by(Adelekan,1989) .

The result obtain from table 2 seems to be more revealing all the three predictor variables (emotion, social and physical) were found to contribute relatively to the prediction of disposition towards off usage. However emotion was found to be best factors to youth usage of alcohol as the t – value and B value was hyper than the other two. This was followed by physical and social reasons respectively. This results is agreement with the works of (Duncan, Duncan & Strycker, 2006).) who ascertain that emotion is a strong determinant to alcoholic usage. This is might be due to the fact that there are a lot of stress factor that disturb emotion, couple with the fact that youth believes that alcoholic and drug usages are tools to suppress bad emotion

Idoko Joseph Onyebuchukwu et all (2015) conducted a research on The Effect of Alcohol Consumption on the Academic Performance of Undergraduate Students.

All the hypotheses that were tested in this study were confirmed. It is evident that alcohol consumption influences the academic performance of the consumer (Engs et al., 1996; Perkins, 1992; Presley et al., 1996a,b; Wechsler et al., 1994, 1998, 2000b). . Undergraduates in the universities are no more under the guidance of their parents and they are free to do whatever they choose. This is evident as some undergraduates run mad at the course of their academic sojourn and some even suffer memory loss thereby finding it hard to graduate as their academic performance is always below pass mark (Wechsler et al., 2000b). Some as a result of their background associates with peers that will end up destroying their lives with alcohol because they want to belong among the big boys on campus. This is a serious issue if

those who are regarded as future leaders are destroying themselves with alcohol, then how will our future look like. Alcohol-related sexual assault is a common occurrence on college campuses. Although estimates of the incidence and prevalence vary dramatically because different sources use different definitions and many victims are unwilling to report sexual assaults to the police or other authorities, at least 50 percent of college student sexual assaults are associated with alcohol use (Abbey, 1991, 2002; Abbey et al., 1996, 1998; Copenhaver and Grauerholz, 1991; Harrington and Leitenberg, 1994; Koss, 1992; Koss et al., 1987; Miller and Marshall, 1987; Muehlenhard and Linton, 1987; Presley et al., 1997; Tyler et al., 1998). Further, when alcohol is involved, acts meeting the legal definition of rape appear more likely to occur (Ullman et al., 1999).Even aside academic performance when undergraduates misuse alcohol, damage to the campus environment or residence hall—including vomit and litter—are common after effects. (Engs and Hanson, 1994).

Ajibade, Adeyemo, Adisa, Ejidokun**,** (2015) conducted a research on substance abuse among secondary school student. Substance abuse refers to the harmful or hazardous and illicit drugs. Therefore, this study examined the extent of substance abuse among selected secondary school students in Osun State. It also examined types of substance abuse and the influence of the schools location in terms of Urban/Rural difference. The study employed descriptive design with simple random sampling technique, resulting in the selection of twelve schools and seven hundred and twenty students (720). A standardized instrument named substance abuse subtle screening inventory (SASSI) adolescent version was used to collect information from students. The instrument consisted of one hundred (100) items. Each of the respondents used between 15 and 20 minutes to complete the items on the instrument. Three research questions were tested at 0.05 level of significant Majority of the parents of the students were civil servants and the most abused substance was kolanut. The three hypotheses revealed that there was a significant difference between students in mixed and single sex secondary schools abused some particular substances more than the others, and Urban secondary school students tend to be more involved in substance abuse than their counterparts in rural areas. It was concluded that substance abuse is rampart in some Osun state secondary school and efforts should be made for the establishment of counseling unit in all schools.

2.4 Statement Of Hypotheses

1. There will be a significant influence of gender on alcohol abuse among secondary school student.

2. There will be a significant influence of locality on alcohol abuse among secondary school student.

3. Gender and Locality will have significant interactive effect on alcohol abuse.

2.5 Operational Definition Of Terms

Gender: This variable is defined in this study as the social construction of male and female identity; it can be measured with Male (1) and Female (2).

Locality: this variable is defined in this study as the state of the area or vicinity which can be identify as rural and urban area, it can be measured with rural (1) and urban(2).

Alcohol Abuse: in this study this variable can be defined as the excessive use of alcohol in which the individual depend so much on it and can cause negative effect, it can also be harmful to the health of the individual. It can be measured using severe alcohol dependence scale. High score indicate high level of alcohol abuse while low score indicate low level of alcohol abuse.

CHAPTER THREE

METHOD

3.1 Research Design

The research design that was used in this study was non exploratory Ex-facto research design; this research design is suitable for the research because the events that was surveyed with the use of structured questionnaire had occurred before the research was been conducted. The independent variables are Gender, Locality and the dependent variable is Alcohol abuse.

3.2 Setting

The setting that was used in this study were secondary school students from Ado Ekiti and secondary school students from Oye Ekiti; Ekiti state.

3.3 Sampling Technique

The study sample was 200 secondary school students from both Ado and Oye secondary school student, the sampling technique used was accidental sampling technique, it was found suitable for this study because the researcher did not have access to the whole pupils in the schools so the ones that were available and willing to participant were been administered the questionnaire.

3.4 Instrument

Questionnaire was used as an instrument to gather relevant information from the participants in the study. The questionnaire was in two sections, section A contains the socio Demographic variables which

provided information about the participant and section B was measuring the variable of its concern i.e the DV

Section A: Socio–Demographic Variables

This section included participants' characteristics such as sex, age, marital status, level of study, religious affiliation, local government area (LGA).

Section B: Severe Alcohol dependence scale

This section measures alcohol use scale developed by. High score indicates higher level of alcohol use, while low score indicates lower level of alcohol use. Each of the items has their own response format.

3.5 Procedure

The research was conducted using students of Oye Egbo secondary school, St Augustine secondary school, Government college secondary school, Concentric secondary school at Oye local government and other secondary schools in Ado ekiti as population, the researcher made use of 200 samples in total, The researcher seeked for permission from the school authorities before administering the questionnaires to the students, the researcher made use of accidental sampling technique, to gather necessary information from the participants, whereby the researcher approached the participants and seek informed consent for the research and assure them that the information provided below will be confidential. This research was been analyzed using regression statistic so to examine the result of the research. The demographic information which asked for sex was accounted for gender.

3.6 Statistical Methods

The data was collected from the participants, The socio demographic information of the participant was been analyzed using descriptive statistic such as mean, frequency e,t,c. the hypotheses stated above was tested using multiple regression to determine the influence of the independent variable on the dependent variable.

CHAPTER FOUR

RESULTS

Table 4.1 Descriptive statistics showing the frequency and percentage of research respondents' socio-demographic characteristics

Socio- Demographics		**Frequency(N)**	**%**
Gender	Male	157	62.8
	Female	93	37.2
Age	11	1	0.4
	13	5	2
	14	9	3.6
	15	13	5.2
	16	26	10.4
	17	36	14.4
	18	45	18
	19	58	23.2
	20	27	10.8
	21	21	8.4
	22	7	2.8
	23	2	0.8
Locality of Students	Rural Location	115	54
	Urban Location	135	46
Class	SS1	40	16
	SS2	79	31.6
	SS3	131	52.4
Parents' residency status	Living Together	199	79.6

	Separated Parents	51	20.4
		Frequency	%
Religious Affiliation	Christianity	176	70.4
	Islamic religion	70	28
	Traditional religion	4	1.6

Of the 250 students, boys and girls accounted for 62.8% and 37.2%, respectively (Table 4.1). The age range of adolescents in this study was between 11-23 years old. A single 11years old student participated in the research while 19years old adolescents had higher proportion of secondary school student in the study with a proportion of 23.2%. 54% of senior secondary school students were students studying in rural location within Ekiti State while 46% were studying in urban locations within Ekiti State. First year senior secondary school (SS1) students totalled 16%, second year senior secondary school (SS2) students 31.6% and third year senior secondary school (SS3) students 52.4%. 79.6% of students in the study had parents who were living together while 20.6% of students in the study had parents who were separated from each other.70.4% adolescents were Christians, 28% were Muslims while 1.6% were Traditional worshippers.

Hypothesis one stated that Gender will have a significant effect on alcohol abuse. The hypothesis was tested with independent t-test. Result is presented in table 4.2

Table 4.2:- The summary of independent t-test of the influence of Gender on alcohol abuse among secondary school students in Ekiti State.

Gender	N	Mean	Std deviation	Df	T	P
Male Alcohol Abuse		30.1019	9.86848	248	-1.683	>.05
Female	250	27.9355	9.77664			

Table 4.2 shows that male secondary school students (X=30.1019) did not report significantly higher alcohol abuse than female secondary school students (X=27.9355).
The result indicates that gender does not have significant influence on alcohol abuse. (t=-1.683; df =248; p= >.05). Therefore, hypothesis one was rejected.
Hypothesis two stated that Locality will have a significant effect on alcohol abuse. The hypothesis was tested with independent t-test. Result is presented in table 4.3

Table 4.3:- The summary of independent t-test of the influence of Locality on alcohol abuse among secondary school students in Ekiti State.

Locality	N	Mean	Std deviation	Df	t	P
Rural Alcohol Abuse		30.2609	10.56317	248	-1.429	>.05
Urban	250	28.4741	9.19996			

Table 4.3 shows that students living within rural locations (X=30.2609) did not report significantly higher alcohol abuse than students living within urban locations (X=28.4741).
The result indicates that locality does not have significant influence on alcohol abuse. (t=-1.429; df =248; p= >.05). Therefore, hypothesis two is rejected.
Hypothesis three stated that Gender and Locality will have a significant interactive effect on alcohol abuse. The hypothesis was tested with univariate analysis of variance. Result is presented in table 4.4

Table 4.4: The summary of univariate analysis of variance showing the interactive effect of gender and locality on alcohol abuse

Source	**Sum of Squares**	**df**	**Mean Square**	**f**	**P**
Gender	270.641	1	270.641	2.804	>.05
Locality	98.814	1	98.814	1.024	>.05
Gender * Locality	77.077	1	77.077	.799	>.05

Error	23744.888	246	96.524
Total	238824.000	250	

Dependent Variable: alcohol abuse

Table 4.4 shows that there is no significant difference between gender and locality on alcohol abuse. This means that gender and locality does not have a significant interactive influence on alcohol abuse. (f=-.799; df =1; p= >.05). We therefore reject hypothesis three.

CHAPTER 5

DISCUSSION, CONCLUSION AND RECOMMENDATIONS.

5.1 DISCUSSION.

This study investigated the influence of gender and locality on alcohol abuse among secondary school students in Ekiti state (Oye local government area and some part of Ado local government). The researcher purpose in this study is to explain the influence of gender of gender and locality on alcohol abuse.

The findings of this study showed that there was no significant difference between gender and locality on alcohol abuse. This finding contradicts the research of AGU S.A.I et all which reported that there is significant interaction effect of gender and locality on substance abuse among adolescents.

The result of the present study connotes that gender and locality does not predicts or influence alcohol abuse as previous studies such as Ajibade , Adeyemo, Adisa , Ejidokun (2015) made us to believe.

Explanation to the present finding that gender and locality does not influence alcohol abuse among secondary school students in Ekiti state may be because both male and female both in the rural and urban setting may go to beer palours, bars, hotels, guest house e.t.c just to buy barbecue, buy soft drinks, non-alcoholic wines just to have fun, to watch football matches e.t.c. Some also tend to consume drinks such as red wines, tonic wines occasionally. Furthermore, some secondary school students in both rural and urban area tend to abstain from alcohol when they are well cultured i.e some tend to be influenced by peer groups but proper home traning makes them abstain.

Though previous studies have suggested the gender and locality is more likely to exert negative influence among secondary school students resulting in alcohol abuse. It all depends on individual motive, peer group, family background e.t.c

5.2. CONCLUSION

The main purpose of this study was to investigate the influence of gender and locality on alcohol abuse among secondary school students in Ekiti state. To address this, relevant data was collected and analyzed. Result have been obtained and discussed, resulting from these, the following major conclusions are arrived at :

Gender does not have a significant influence on alcohol abuse among secondary school students in Ekiti.

Locality does not have a sole influence on alcohol abuse.

It does not matter whether you live in rural or urban environment, or been a male or female to determine abuse of alcohol.

5.3. RECOMMENDATIONS AND IMPLICATIONS.

On the basis of my findings, I recommend that young people be educated on the use of alcohol, the dangers of taking it too much, what it does to their body system and how it alter things in the brain. Parents are also encouraged to be involved in their children patterns and choice of what they consume because of their children health. Families should be a good role model to their children and educate them on how to go about their life.

Parents are the ones who have most jobs to do on their children, like the popular saying “charity begins at home”. I also recommend that institutions should organize seminars to lecture students and educate them on the risk of alcohol use and the harm it can cause.

5.4. LIMITATIONS TO THE STUDY.

This study was confronted with some limitations. These include the following: The study employed ex post facto design that does not give room for active manipulation of variables. Therefore, no cause and effect relationship can be established. This study had a small sample size which makes the generalization of the result questionable. The small sample size was as a result of loss of some questionnaire during administration and low response rate of the students. For instance, some gave excuses just because they don't want to fill it, while some others collected it and misplaced or disposed it.

A sample size of 250 was eventually obtained out of the initially proposed 300 for the study (50 for pilot study and 200 for the main research). The researcher was faced with financial challenges in the course of administering questionnaire, transportation fare and retrieving the questionnaires from respondents.

Though, this study said gender and locality has no influence on alcohol abuse among secondary school students in Ekiti state. Further should be carried out to understand how to properly tackle high rate of alcohol abuse among youths generally. Further study may also investigate conditions such as parenthood, age factor, peer groups and religion in determining alcohol abuse. Abuse of alcohol is common in both youths and adults.

The issue of alcohol abuse shall remain active for long in research field. However, direction of emphasis may keep changing. Research of this nature maybe carried out again with larger population and more diverse cross cultural study that involves different communities and states.

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APPENDIX

QUESTIONNIARE

Federal University Oye-Ekiti Ekiti state

FACULTY OF SOCIAL SCIENCE

DEPARTMENT OF PSYCHOLOGY

Dear Respondent,

I am a final year student of the Department of Psychology, Federal University Oye Ekiti State, conducting a research in the area of "DEVELOPMENTAL PSYCHOLOGY".

Please give your immediate impressions about the questions on this survey. There is no right or wrong answers. Your response will be treated with utmost confidentiality.

OLABODE OLAOLUWA EZEKIEL

Please express your interest to participate by ticking 'Yes' or 'No' below:

I agree to participate: Yes ( ) No ( ).

SECTION A

Instruction

Please read the statement carefully and indicate your opinion by ticking in the appropriate box provided.

BIOGRAPHIC DATA:

Gender: **Female** **Male**

Name of school: _____

Class: SS1------ SS2------- SS3-------

Parents/guardian Living together ☐ **Parents separated** ☐

Are you living with your parents? Yes ☐ **No** ☐

Religious Affiliation: Christianity ( ), Islam ( ), Traditional ( ).

Age: …… (As at last birthday).

S/N	Items	ALMOST NEVER	SOMETIMES	OFTEN	NEARLY ALWAYS
1	The day after drinking alcohol, I wake up feeling sweaty				
2	The day after drinking alcohol, my hands shook first thing in the morning.				
3	The day after drinking alcohol, my whole body shook violently first thing in the morning,if I didn't have a drink.				
4	The day after drinking alcohol, I woke up absolutely drenched in sweat.				

5	**The day after drinking alcohol, I dread waking up in the morning.**				
6	**The day after drinking alcohol, I was frightened of meeting people first thing in the morning.**				
7	**The day after drinking alcohol, I felt at the edge of despair when I awoke.**				
8	**The day after drinking alcohol, I felt very frightened when I awoke.**				
9	**The day after drinking alcohol, I liked to have an alcoholic drink in the morning.**				
10	**The day after drinking alcohol, I always gulped my first few alcoholic drinks down as quickly as possible.**				
11	**The day after drinking alcohol, I drank more alcohol to get rid of the shakes**				
12	**The day after drinking alcohol, I had a very strong craving for a drink when I awoke.**				
13	**I drank more than a quarter of a bottle of spirits in a day (OR 1 bottle of wine OR 7 beers).**				
14	**I drank more than half a bottle of spirits per day (OR 2 bottles of wine OR 15 beers).**				
15	**I drank more than one bottle of spirits per day (OR 4 bottles of wine OR 30 beers).**				
16	**I drank more than two bottles of spirits per day (OR 8 bottles of wine OR 60 beers)**				