

**THE NEGATIVE EFFECT OF ALCOHOL CONSUMPTION AMONG
STUDENTS OF EKITI STATE UNIVERSITIES NIGERIA**

BY

**DAODU KAYODE JOSEPH
[SOC/14/2064]]**

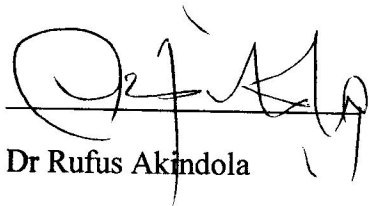
**A RESEARCH PROJECT CARRIED OUT AND SUBMITTED TO THE
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CERTIFICATION

I certify that this study was carried out by **DAODU KAYODE JOSEPH** with the matric number **SOC/14/2064** of the Department of Sociology, Faculty of Social Sciences, Federal University Oye Ekiti.

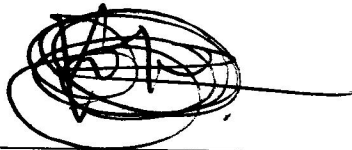


Dr Rufus Akindola

Supervisor

25 MARCH, 2019

Date



Dr. Kolawole T. O

(Head of Department Sociology)

25/03/2019

Date

External Examiner

Date

DEDICATION

This research project is dedicated to God almighty for his power, strength, care, protection, wisdom, knowledge, understanding and greatness.

Also, to my late father Mr. BENSON DAODU and my loving and relentless, tireless mother MRS ESTHER DAODU and my guidian HON AUSTIN ORIMOLOYE

ACKNOWLEDGEMENT

My sincere appreciation goes to almighty God who is the author and finisher of my faith, seeing me through my course of study successfully.

I express my unqualifiable gratitude to my able kind, intelligent and progressive supervisor Dr Rufus akindola for his helpful suggestions, criticism, cooperation as regards the style and important of the original draft which have been of immense value to the realization of the research work.

My profound appreciation also goes to my able HOD Dr T.O Kolawole and Professor Fazoranti , Dr Adebayo and to all other lecturers in the department of sociology who in one way or the other have contributed to the success of this research work.

To these people I owe them very great and unlimited thanks, Kitty Baby Sharonda Haile my mum[mrs daodu esther] my sister[mummy tomiwa] daddy tomiwa sister titilayo daodu my brother ademola my little sister mary and my able friend Olatunji tosin Maxwell my guardian hon Austin orimoloye for their advice, financial assistance and encouragement.

I cannot forget to mention my friends Daniel Victor, Opeyemi Ogunleye ,Adeoso adeleke [PREMIER], Odesola Ayomide[Random],and agbalajobi oluwafemi And Sweet Baby Ayobanke Alaba including others are too numerous to mention.

I wish to express my immeasurable gratitude to my for all my family members .

I am also indebted to my wonderful sisters and all others I could not mention.

Finally, my appreciation goes to my late father Mr Benson Daodu and my Mother Mrs Esther Daodu for their relentless efforts, advice and encouragement which have really made me strong and bold. I will always live Honour and respect you

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ABSTRACT

University provides students with unfamiliar freedom from direct parental guidance and supervision. Interactions with lecturers, on the other hand is different from what students are used to in the university. Social and academic challenges in this environment require proper time management, some are unable to handle the independence and resort to alcohol and other substance abuse. Studies on this phenomenon focus mainly on Ekiti State University, Ado-Ekiti.(EKSU) students.

This study therefore aimed to establish the prevalence and factors associated with alcohol abuse among the student of Ekiti State University. Both qualitative and quantitative approaches were used in data analysis, thus there was a mixed model research design approach to data analysis.

The analysis of structured items was mainly done using the Statistical Package for Social Sciences (SPSS 21.0). There was low knowledge on the presence of alcohol policy at the university with only 31.4% knowing the existence of the alcohol policy. From the Key Informant interviews, most of the respondents confirm that the female students are increasing their alcohol intake and might be at par with their male colleagues in the near future.

The university alcohol policy is not in line with the Alcohol Act even though the two were developed in the same year. There is need to review the alcohol policy with regard to that alcohol control act. ensure the University fraternity adhere to it. Measures need to be put in place to ensure compliance to the policy.

Chapter One

Introduction

1.1: Background to the Study

The hazardous and harmful use of alcohol is locally and internationally gaining recognition as a major risk factor for non-communicable diseases, infectious diseases and injury, disability and mortality caused by accidents, violence and crime (WHO, 2018). The harmful use of alcohol results in approximately 2.5 million deaths each year (WHO, 2014). Apart from such health consequences, excessive alcohol consumption has also been linked with various negative social and economic outcomes (Jernigan, 2018). Its economic impacts manifest at both the macro and micro level as countries incur the financial costs of responding to the negative health and social consequences and households struggle to cope as breadwinners, mostly males, divert scarce family resources towards alcohol. Developing countries and their populations suffer the most from such consequences (WHO, 2015).

Globally, 320 000 young people aged 15-29 years die annually, from alcohol-related causes, resulting in 9% of all deaths in that age group (WHO,2011). While adverse health outcomes from long-term chronic alcohol use may not cause death or disability until later in life, acute health consequences of alcohol use, including intentional and unintentional injuries, are far more common among younger people (WHO, 2016).

In Traditional cultural values and discipline of the African society prescribed the circumstances under which drugs and intoxicants could be obtained, used, and consumed. Due to social, economic and other changes, censure and control at the family level has been reduced and there is less stigma associated with the use of intoxicants. The education system is one of the most pervasive agents of socialization with regard to drug abuse. The school can either be a risky or a protective environment. Inadequate supervision and easy access to alcohol and drugs in schools, for instance, may act as risk

factors for initiation of alcohol abuse while alcohol education offered in the school may increase the child's self-efficacy to resist initiation of drug abuse (Kibui, 2018).

Studies from different parts of the world have shown that university students have a higher prevalence of alcohol drinking and alcohol-use disorders, than non-college youth (Karama et al, 2016). In addition to the university setting being a unique environment to which a large proportion of young people are exposed *en masse*, nearly all of the world's future leaders, policy-makers, and healthcare providers will have passed through the university system as young people (Karama et al, 2017). The rampant use of drugs like marijuana, alcohol, cocaine and many more among youths is a serious issue that has become a tragedy, drawing the attention and concern of the entire nation. This problem made the then Military Government of Nigeria to promulgate a Decree No 48 of the 1989, which established the National Drug Law Enforcement Agency (NDLEA).

Some Nigerian Dailies in the 1970s carried the news of Nigerian Tertiary School Students' involvement in drug abuse. For instance, (August 5, 1973:7) and (October 10, 1974) both carried the reports. Since then, pages of newspapers, the television, the radio, magazines and journals have been "littered" with the reports of one form of drug abuse or the other. The abuse of drugs, which was originally conceived as the problems of a few individuals, is today becoming a disease of a sizeable proportion of our citizens,

(Folawiyo, 1988). He also added that, the problem is so grave that it has extended beyond the usual characteristic profile of abusers being male, adult and urban-based to now include females, youngsters and those who live in towns and rural areas. Essen (1990) observed that the increasing incidence of drug abuse among Tertiary School Students is a contributory factor in the ugly confrontation between school administrators and students. The chronic use of these drug substances can cause serious, sometimes irreversible damage to adolescent's physical and psychological development (Falco, 1988). In another development, he further emphasized that

adolescent drug abuse is closely correlated with other problems behaviors like delinquency, violence and early-unwanted pregnancies. Drug abuse constitutes a major threat to the survival and effective learning process of human societies. Lives are daily lost through addiction and activities of addicts.

A significant number of deaths from accidents and violent crimes have been traced to the activities of persons under the influence of drugs (Folawiyo, 1988). Treatment facilities nationwide are now gradually being over-burdened with drug related problems. (Orubu, 2016) warned that young people are ruining their lives through drug use as Nigeria took the third position among the developing countries in its use of dangerous drugs. On this note, (Adesina, 2015) made a clarion call on the Nigerian Government to embark on a vigorous campaign to enlighten its youth and general populace on the dangers of drug abuse. It is therefore not surprising to hear outcries in the media by parents, educators over issues of moral decadence and indiscipline among most youths in Primary, Post Primary, Polytechnic and Universities in Nigeria. In fact, the strong public demands in Nigeria for effective action to combat drugs may provide the means to develop a more concerted, comprehensive and truly nation-wide effort to reduce the plague of not only drug abuse but also the related problem behavior of many adolescents.

The effect of drug abuse on the economy of the nation, is so devastating that annual retail cost of psychotropic substances by prescription is over two billion Naira while the alcoholic beverages annually generate more than, four billion Naira from sales to a consumer population of about 30 to 35 million people (Folawiyo, 2013)

The social implications of drug abuse on the Nigerian youthful population are catastrophic for the future. Notably, environment is known to contribute a great deal to the cause

of drug abuse especially in homes where parents drink alcohol freely. In such homes' there is a likely incidence of alcoholism among the off springs of such parents. There are other reasons that influence people to take drugs, they include peer group, physical illness, psychiatric problems, etc. In response to this distress, quite a number of

Nigerians faced firing squad during Buhari/Idiagbon's regime under Degree 20 (News watch), May 13, 1985). Thanks to Decree 48 of 1989, which makes for jail term of (5) years for offenders.

Early intervention helps in prevention and management of alcohol related problems. WHO developed AUDIT (Alcohol Use Disorders Identification Test) which is a screening tool for excessive drinking and brief assessment. The tool provided a framework for intervention to help risky drinkers to reduce or stop drinking. It helps identify alcohol dependence and it is mostly used in hospitals but can also be used in the community setting. The AUDIT tool has a set of 10 questions that look at recent alcohol use, alcohol dependence symptoms, and alcohol-related problems. Each response has a score of 0 to 4. The total score overall is 40. A score of above 20 shows a high likelihood for alcohol dependence Alcohol and drugs abuse has permeated all strata of Nigeria society, with the youth and young adults being the most affected groups. Drugs and substances abuse is a major social problem in Nigeria (NACADAA, 2017). At least 13 percent of people from all Local Government in Ekiti consumers of alcohol (NACADAA, 2017). Half of drug abusers in Nigeria are aged between 10-19 years with over 60% residing in urban areas and 21% in rural areas (UNODC, 2017). The most commonly abused drugs in Ekiti state University are alcohol, tobacco, bhang (marijuana), glue, miraa (khat) and psychotropic drugs (NACADAA, 2014). Early intervention helps in prevention and management of alcohol related problems. WHO developed AUDIT (Alcohol Use Disorders Identification Test) which is a screening tool for excessive drinking and brief assessment. The tool provided a framework for intervention to help risky drinkers to reduce or stop drinking. It helps identify alcohol dependence and it is mostly used in hospitals but can also be used in the community setting. The AUDIT tool has a set of 10 questions that look at recent alcohol use, alcohol dependence symptoms, and alcohol-related problems. Each response has a score of 0 to 4. The total score overall is 40. A score of above 20 shows a high likelihood for alcohol dependence Alcohol and drugs abuse has permeated all strata of Nigeria society, with the youth and young adults being the most affected groups. Drugs and substances abuse is a major social problem in Nigeria (NACADAA, 2017). At least 13 percent of people from all Local Government in Ekiti consumers of alcohol (NACADAA, 2017). Half of drug abusers in Nigeria are aged between 10-19 years with over 60% residing in urban

areas and 21% in rural areas (UNODC, 2017). The most commonly abused drugs in Ekiti state University are alcohol, tobacco, bhang (marijuana), glue, miraa (khat) and psychotropic drugs (NACADAA, 2014).

1.2 Statement of the Problem

University provides students with freedom unfamiliar to many of whom come from direct parental guidance and supervision and strict rules in school. Social and academic challenges in this environment require proper time management and self-discipline. Some students might find it hard to handle the responsibilities expected of them including personal financial management and peer pressure and might lead to alcohol consumption to handle the stress. Judging from articles seen in the national newspapers on students' behavior, universities are perceived to be encouraging students to drink.

The prevailing norms at the university encourage alcohol drinking as it seen as a normal and part of the student sub-culture. The university students, who are mostly over 18 years age (which is the legal drinking age in Nigeria) can easily, get alcohol from any store and bars in the country. There is an alcohol policy developed by the university however, there is no strict guidelines of where the students can drink alcohol in the university. A majority of the students receive HELB (Higher Education Loans Board) which, for most, is the highest amount of money they ever received in their lives with no proper guidance on how to manage it. Some of the students resort to lavish lifestyle including alcohol and other drugs.

The university environment has a significant role in shaping student behavior and it should not be seen as supporting a heavy drinking culture therefore it is essential to measure the objective drinking norms on campus so that appropriate interventions can follow and the impact of these interventions measured.

This study covered 6 faculty in Ekiti State University. The study also looked at the alcohol policy and its awareness among the students.

1.3 Study Objectives

General Objective

To establish factors associated with alcohol abuse among Ekiti State University students.

Specific Objectives

1. To establish Socio-demographic characteristics of the respondents
2. To determine the prevalence of harmful alcohol use among the Ekiti State University students
3. To determine major sources of alcoholic drinks consumed by university students
4. To establish student awareness of selected risk factors associated with alcohol abuse
5. To evaluate existing university alcohol policy guidelines against the Nigeria Alcoholic Drinks to Decree 48 of 1989

1.4 Research Questions

What are the factors associated with alcohol abuse among Ekiti State University of Students?

1.5 Justification

Young adults, between the ages of 18 to 25 years, are in period of transition in emotional development, educational and vocational activities, living arrangements, and marital and economic status. Some assume adult roles, responsibilities, and social skills. For university students, it is a time when they are no longer under direct parental supervision, face new social and academic challenges and enter an environment wherein use of intoxicating substances, mainly alcohol seems normative (Prendergast, 2016).

This newfound freedom and a sense of invulnerability and a strong desire for exploration can lead to the development of alcohol use and abuse (Osgood and Wilson, 2018). Another study

found that university students are amongst the highest percentile for binge drinking due to the increases in stress level from school and academia (Lorente, 2013).

In South Africa even with the enactment of the Alcoholic Drinks Act 2010 (GoK, 2010), there was need to find if universities have taken up the mandate to inform the students about the harmful effects of alcohol and also where to get treatment and rehabilitation as stipulated in the act. In America, the universities are required to put their alcohol policy in their website (Faden and Baskin, 2017). In Senegal, however, only a few universities has been able to do that. Prevention of alcohol abuse among the university students would potentially be cost effective and sustainable in the long term. Hence, the need for baseline data on the prevalence of, and risk factors associated with, alcohol abuse among the University students. The information would help in strategic programming and monitoring of progress of any interventions put in place, in response to the Nigeria Alcoholic Drinks Act, 2010.

1.6 Limitation of the Study

The study was carried out in Ekiti State university; thus the results therefore may not be generalized to the whole student's communities in the Nigeria universities.

The study was based on self-reporting on alcohol use, therefore dependent on the respondent's honesty. Convenience sampling was done and this may have introduced bias and the results shown in the book should be treated cautiously.

1.7 Definition of Operational Terms

Alcohol is defined as product known as ethyl product, rectified either once or more often, whatever the origin, and shall include synthetic ethyl alcohol, but shall not include methyl alcohol and alcohol completely denatured in accordance with the prescribed formulas. (Government of United State of America Alcoholic drinks control act, 2017)

A drink is defined as a glass of wine, a bottle of beer or a small glass of liquor (Schuckit, 2016).

Alcohol abuse is defined as a condition manifested by recurrent alcohol use despite significant adverse consequences of drinking, such as problems with work, law, health or family life. Alcohol abuse is when one's drinking leads to problems, but not physical addiction (*Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., 2016).

Alcohol dependence is defined as a cluster of physiological, behavioral, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviors that previously had greater value (WHO, 2015).

Binge drinking is defined as episodic excessive drinking pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This typically happens when men consume 5 or more drinks, and when women consume 4 or more drinks, in about 2 hours. (<http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>).

Alcohol policy is defined as the aggregate of measures designed to control the supply of and/or affect the demand for alcoholic beverages in a population (usually national), including education and treatment programmes, alcohol control, harm reduction strategies, etc. (http://www.who.int/substance_abuse/terminology/who_lexicon/en/ xiii)

1.8 List of Abbreviations and Acronyms

ADHD Attention deficit hyperactivity disorder

AIDS Acquired Immunodeficiency Syndrome

APA American Psychiatric Association

AUDIT Alcohol Use Disorders Identification Test

CAS College Alcohol Study

CAS Center on Addiction and Substance Abuse

CDC Centre for Disease control

HELB Higher Education Loans Board

HIV Human Immune deficiency Virus

KII Key Informant Interviews

NACADAA National Campaign against Drug and Alcohol Abuse

NHTSA National Highway Traffic Safety Administration

NCD Non-communicable disease

STI Sexually Transmitted Infections

WHO World Health Organization

UNDOC United Nations Office on Drugs and Crime

NDLEA: National Drug Law enforcement Agency

ACN: African Council of Narcotics

AAT: Academic Achievement Test.

NGO: Non Governmental Organization.

Chapter 2: Literature Review

2.1 Introduction

Worldwide per capita consumption of alcoholic beverage in 2015 equaled 6.13 liters of pure alcohol consumed by every person aged 15 years and older with 55% of the population ever taking alcohol (WHO, 2016). In Togo, the per capita consumption of alcoholic beverage in 2015 was 4.1 inclusive of 2.5 unrecorded alcohol –illicit alcohol (WHO, 2017). The widespread use of alcohol is fuelled by ease of its production process (i.e., a plain process of fermentation achieved by yeast acting on sugar) and multiple daily usage for recreation, curative and religious purposes (Basangwa et al., 2016).

Alcohol is the most commonly abused mood altering substance in Brazil (NACADA, 2004). According to a study by NACADAA (National Campaign Against Drug and Alcohol Abuse Authority), 14 percent of Brazil aged between 15 and 64 currently use alcohol. The same study found that 8% of children aged 10 to 14 years have used alcohol at least once in the past year (NACADA, 2017).

Research from the United States of America in 2017 has shown that about 5000 young people under the age of 21 die from alcohol-related injuries each year (NHTSA, 2016). An estimated 1600 (32%) of these deaths are a result of homicide fuelled by alcohol. And in 2015, another American study showed that some 700 000 university students are assaulted each year by other students who have been heavily drinking (O'Neill, 2015).

2.2 Demographic Risk Factors of Alcohol Abuse

A number of risk factors for alcohol abuse among young people may be identified. Genetic predisposition may play a role in the development of alcohol dependence (Begleiter & Porjesz, 2018) and in relative insensitivity to the effects of alcohol (Schuckit, 2017). Alcohol

problems in some youths may be related to heavy maternal drinking during pregnancy (Baer et al, 2013). Various other stressors and environmental factors, like living with a parent who is an alcohol abuser (Curran et al, 2016) or heavy drinking within the immediate peer group (Arata et al., 2016), may also contribute to alcohol problems in young people.

2.2.1 Age of initiation

use at an early age increases the risk of dependence. The Center on Addiction and Substance Abuse (CASA) reports that the risk of substance abuse increases by almost 500 percent between the ages of 12 and 16 (CASA,2016). For alcohol, the mean age of initiation is 12.5 years, and 93% of teens who consume alcohol start drinking by the time they are 15 years old. (CASA 2016).

The risk of alcohol dependence is 4 times greater among persons who start drinking before age 15. While alcohol dependence can develop at any age, repeated intoxication at an early age increases the risk of developing an alcohol use disorder (Schuckit, 2018).

Studies linking youth violence and harmful alcohol use have been conducted in several countries. In Australia, a report released by the government in 2014 stated that young people aged 10–14 years who had engaged in binge drinking in the previous two weeks were five times more likely to have been violent than non-binge drinkers (Bonomo, 2014).

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The risk of alcohol dependence is 4 times greater among persons who start drinking before age 15. While alcohol dependence can develop at any age, repeated intoxication at an early age increases the risk of developing an alcohol use disorder (Schuckit, 2018).

2.2.2 Gender

Among adults, heavy alcohol use is almost three times more common among men than women and also more common among males in high school than among females. Males with ADHD and/or conduct disorders are more likely to use alcohol than males without these disorders, while females who experience more depression, anxiety, and social avoidance as children are more likely to begin using alcohol as teens than females who do not experience these negative states (Frone, Russell and Cooper, 2017).

2.3 Psychosocial Factors

2.3.1 Family History

According to a study by Roosa and others (2015), children of problem-drinking parents were more at risk of depression, low self-esteem, and heavy drinking than their peers in the general

high school population. Parenting practices, particularly support and control, have been linked to development of adolescent drinking, delinquency, and other problem behaviors. The study confirmed that parental support and monitoring are important predictors of adolescent outcomes even after taking into account critical demographic/family factors, including socioeconomic indicators, age, gender, and race of the adolescent, family structure, and family history of alcohol abuse.

According to NACADA (Sunday Nation April 12, 2017) there is a strong link between alcohol/drug abuse by young people and the break-down in family values. In the indigenous society, drunkenness was frowned upon. In today's setting, binge drinking is becoming an acceptable pastime with parents freeing the children from restrictions that once governed alcohol consumption. According to the same report, children as young as 10 are not only consuming alcohol, but are suffering the attendant consequences. Stories of children barely in their teens undergoing rehabilitation due to alcohol problems are a cause of concern (NACADA, 2018). The problems certainly reflect a bigger problem and they are a direct product of how children are socialized in relation to alcohol and drug use.

2.3.2 Stress

Another risk factor associated with academic achievement among secondary school students is pressure to perform. Parents and other members of the family place high value on success in school and the competition can often be tough. Young people studying for examinations therefore report the use of central nervous stimulants to keep them awake and alert and this may lead to dependence on these substances (Ebie and Pela, 2018).

2.3.3 Peer Pressure

According to the United Nations (United Nations, 2015), drug users, like other people seek approval for their behavior from their peers whom they attempt to convince to join them in their

habit as a way of seeking acceptance. Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behavior can also push a susceptible individual down the wrong path. A study carried out in Nairobi secondary schools indicated that the majority of drug users had friends who used drugs (Kariuki 2016)

The available literature on alcohol use (NACADA, 2017) reveals that there are varied reasons as to why the youth engage in alcohol drinking. NACADA (2018) reports further reveals that the most widely used substance by students in Togo is alcohol, which is divided into six (6) types

depending on the content of each. Spirit (36%), Local brew (Chang'aa 30%, Busaa 15%, others 13%) and beer 6%.

2.3.4 Binge Drinking

Binge drinking is the drinking of alcoholic beverages with the primary intention of becoming intoxicated by heavy consumption of alcohol over a short period of time. The consequences of binge drinking can have long-lasting effects on both your health and well-being. High levels of binge drinking among young people and the adverse consequences which includes increased risk of alcoholism as an adult and liver disease make binge drinking a major public health issue. Recent research has found that young university binge drinkers who drink four or five drinks on more than 3 occasions in the past 2 weeks are statistically 19 times more likely to develop alcoholism than non-binge drinkers, though the direction of causality remains unclear. Epidemiological studies quantify the seriousness of alcohol-related problems arising from binge drinking, with a growing incidence reported in university-age men over the last 2 years (Courtney and Polich, 2017).

Alcohol-related violence is a visible problem in many high-income countries like the United Kingdom, where it is recorded (WHO, 2016) However, the problem is also found in many developing countries where liquor is often brewed illegally, sales are unregulated and violence statistics are not collected. Without proper surveillance it is impossible to know the true extent of the problem.

2.4 Signs and Symptoms of alcohol abuse

Common signs and symptoms of alcohol abuse include repeatedly neglecting your responsibilities at home, work, or school because of your drinking, using alcohol in situations where it is physically dangerous for example, drinking and driving or mixing alcohol with

prescription medication. Getting arrested for disorderly conduct and continuing to drink even when one knows that alcohol use is causing problems in one's relationships. One of the common signs of alcohol abuse is drinking as a way to relax or release stress. They abuse alcohol as a means to find a 'way out' especially from a stressful situation. (American Psychiatric Association, 2016).

2.5 Symptoms of alcohol dependence

Symptoms of alcohol dependence include; Tolerance, withdrawal, taking larger amounts of alcohol or taking alcohol over a longer period than was intended, persistent desire or unsuccessful efforts to cut down or control drinking, missing social, occupational or recreation activities because of alcohol and also alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol (WHO, 2017).

2.6 Identification of alcohol related problems

Early identification of alcohol-related problems is important because these problems are prevalent, pose serious health risks to patients and their families, and are amenable to intervention. Alcohol abuse is roughly twice as common as alcohol dependence. Subjects with

alcohol problems are usually diagnosed only when medical complications are present. It is important therefore for early diagnosis of alcohol abuse (Wiers et al, 2017).

The first signs of heavy drinking may be social problems. The compulsion to drink causes persons to neglect social responsibilities and relationships in favor of drinking. Intoxication may lead to accidents, occasional arrest or job loss. Recovering from drinking can decrease job performance or family involvement. Social problems that indicate alcohol-use disorders include family conflict, separation or divorce, employment difficulties or job loss, arrests and motor vehicle accidents (Burge and Schneider, 2016).

Screening for alcohol consumption among patients in has many benefits. It provides an opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use. Information about the amount and frequency of alcohol consumption may inform the diagnosis of the patient's presenting condition, and it may alert clinicians to the need to advise patients whose alcohol consumption might adversely affect their use of medications and other aspects of their treatment. Screening also offers the opportunity for practitioners to take preventative measures that have proven effective in reducing alcohol-related risks. AUDIT was developed to screen for excessive drinking and in particular to help practitioners identify people who would benefit from reducing or ceasing drinking. The AUDIT helps the practitioner identify whether the person has hazardous (or risky) drinking, harmful drinking, or alcohol dependence. (WHO, 2015). The total AUDIT score reflects the patient's level of risk related to alcohol. It was found that AUDIT scores in the range of 8-15 represented a medium level of alcohol problems whereas scores of 16 and above represented a high level of alcohol problems (Miller et al, 2014).

Depending on the score of the AUDIT, several interpretations and interventions could be used. Scores between 8 and 15 are most appropriate for simple advice focused on the reduction of

hazardous drinking. Scores between 16 and 19 suggest brief counseling and continued monitoring. AUDIT scores of 20 or above clearly warrant further diagnostic evaluation for alcohol dependence (WHO, 2001).

Risk level	Audit Score	Intervention
Zone I	0-7	Alcoholic Education
Zone II	8-15	Simple Advice
Zone III	16-19	Simple Advice Plus Brief Counseling & Continued Monitoring
Zone IV	20-40	Refferal to Specialist Diagnostic Evaluation and Treatment

Chapter Three

Study Methodology

3.1 Introduction

3.2 Sources and Methods of Data Collection

The data used in this study was sourced primary data and secondary data, This was a descriptive, cross sectional study utilizing both qualitative and quantitative methods of data collection. The quantitative part consisted of issuing self-administered questionnaires to the students to assess alcohol. This was conducted between April and May 2018. The qualitative part included Key Informant Interviews with selected university staff including student leaders, wardens and the security offices.

The study population was the undergraduate students; both residents and non-residents. This was an ideal group because they spend most of their time in their respective colleges, therefore are accessible. The students were sampled from the 6 faculties to give a representative sample. Among the key informants identified to be part of the study, include key officials in the university to help further understand the situation in the university. Part of the officials to be interviewed includes security officers, halls of residence wardens and the student leaders.

3.3 Sampling

The sample size was 384 students, to cater for non-response 10% was added making the individual sample size to be 422.

The 422 respondents were selected proportional to the populations' sizes of the faculties.

- ❖ Following preliminary enquiries with the administration of the Ekiti state University, there were established the average number of undergraduate students in each faculties .

College	Respondents	Estimated number of Enrolment
Agricultural and Veterinary	44	694
Engineering	67	1495
Biology and Physics	70	3271
Education	31	3206
Health Science	63	2971
Management and Social Sciences	171	18482
	446	

Estimated number of Enrolment (Eksu Student,2018)

3.4 Model specification

The sample size was determined applying the following formula (Fisher et al, 1998).

$$n = \frac{z^2 p(1-p)}{d^2}$$

Where:

n is the sample size.

z is the standard normal deviation at 95% confidence level.

p is the proportion in the target population i.e. prevalence of alcohol consumption at 51.9% (Lukoye, 2010)

d is the target margin of error put at 0.05.

$$= \frac{1.96^2 \cdot 0.52(1-0.52)}{0.05^2}$$

$$= 384$$

3.5 Identification of Variables

3.5.1 Variables

3.5.2 Dependent Variable

Alcohol abuse among University of Ekiti students

3.5.3 Independent Variables

Socio-demographic factors: age, sex, socio-economic

Environmental factors: family, Binge drinking

Access to alcohol 3.4.1 Inclusion Criteria

- Undergraduate student
- Written informed consent

3.5.4 Exclusion Criteria

- Postgraduate student
- Those who decline to participate

3.6 T- TEST

The T-test was used to calculate statistical values for continuous variables whereas chi-square test was used for categorical variables in case of any relationship. Measures of association were considered statistically significant when p value will be equal to or than 0.05. AUDIT comprises ten questions addressing four areas: alcohol intake; abnormal drinking behavior and alcohol dependence; the link between alcohol consumption and the detection of psychological effect; and alcohol-related problems. This was between question 13 and 22. Scores from the ten individual AUDIT questions were summed to give overall scores ranging from 0-40. The researcher transcribed the information got from the Key informant interviews. The data was then manually analyzed in relation to themes and the objectives of the study. Some of the themes included, availability and access to alcohol, the social environment of the university, differences between the male and female students with relation to alcohol and the alcohol policy uses and challenges at the university.

3.7 Data Processing and Analysis

The completed questionnaires were checked daily to ensure each question had been filled out correctly and that there were no gaps. The questionnaires were then numbered and coded for ease of handling.

Data from structured questionnaires were entered, checked, cleaned and analyzed using SPSS version 21.

Univariate analysis was performed in order to obtain descriptive statistics. Proportions, means and standard deviations were determined during the analysis. The results are presented in form of tables and charts. Bivariate analysis was also performed in order to examine associations between the independent variables and alcohol abuse.

Chapter 4:

Results

4.1 Socio-demographic characteristics

A total of 446 students participated in the study. Majority of the students who participated were male (n =284, 63.7%) , as compared to the females (n = 162, 36.3%). There were more male students being represented in College of Agriculture and Veterinary, College of Architecture and Engineering and College of Biological and Physical Sciences with more than 70% (n =139) as shown in table 1.

Most of the respondents were from the second year through fourth year, with majority of them being third year n = 167 (37.4%). The study was only able to reach 7.4% of first year students overall since most of them were in recess. There were only 9 (2.0%) of fifth year this is mainly because most courses at the University are four year courses.

Most of the respondents were between the age of 20 and 25 years as shown in table 1. (n = 408, 90%). 43.9% (n= 196) of the respondents were between the age of 22-23 years and 35.7% (159) being between the ages of 20-21 years.

When asked about the family structure, 349 (78.3%) of the respondents live with both their parents with the male respondents living with both parents more. 16.4% (73) live with their mother alone and 2% (9) with their father and 2.5% (11) live with either their Aunt.

Table 1: Socio-demographic characteristics of the respondents

Male (n=284)	Female (n=162)	Total (N=446)		
College	Agriculture and Veterinary	31 (10.9%)	13 (8.0%)	44 (9.9%)
Agricultural and Verternary	53 (18.7%)	14 (18.6%)	67 (15.0%)	
Engineering	55 (19.4%)	15 (9.3%)	70 (15.7%)	
Biology and Physic	20 (7.0%)	11 (6.8%)	31 (7.0%)	
Health Science	35 (12.3%)	28 (17.3%)	63 (14.1%)	
Management and Social Sciences	90 (31.7%)	81 (50.0%)	171 (38.3%)	
Age of respondent	Below 19 years	14 (4.9%)	9 (5.6%)	23 (5.2%)

20-21 years	74 (26.1%)	85 (52.5%)	159 (35.7%)	
22-23 years	141 (49.6%)	55 (34%)	196 (43.9%)	
24-25 years	45 (15.8%)	8 (4.9%)	53 (11.9%)	
26 years and above	10 (3.5%)	5 (3.1%)	15 (3.4%)	
Year of study	First year	21 (7.4%)	12 (7.4%)	33 (7.4%)
Second year	52 (18.3%)	54 (33.3%)	106 (23.8%)	
Third year	109 (38.4%)	58 (35.8%)	167 (37.4%)	
Fourth year	94 (33.1%)	37 (22.8%)	131 (29.4%)	
Fifth year	8 (2.8%)	1 (0.6%)	9 (2%)	
Grew Up In	Urban	150 (52.8%)	102 (63%)	252 (56.5%)
Rural	134 (47.2%)	60 (37%)	194 (43.5%)	
Family structure	Mum and Dad	228 (80.3%)	121 (74.7%)	349 (78.3%)
Single Mum	41 (14.4%)	32 (19.8%)	73 (16.4%)	
Single Dad	3 (1.1%)	6 (3.7%)	9 (2.0%)	
Foster Parents	3 (1.1%)	1 (0.6%)	4 (0.9%)	
Aunt/Uncle	9 (3.2%)	2 (1.2%)	11 (2.5%)	
Residence	On Campus	191 (67.3%)	90 (55.6%)	281 (63%)
Off Campus	93 (32.7%)	72 (44.4%)	165 (37%)	
Part time work	Yes	65 (22.9%)	30 (18.5%)	95 (21.3%)
No	219(77.1%)	132 (81.5%)	351 (78.7%)	

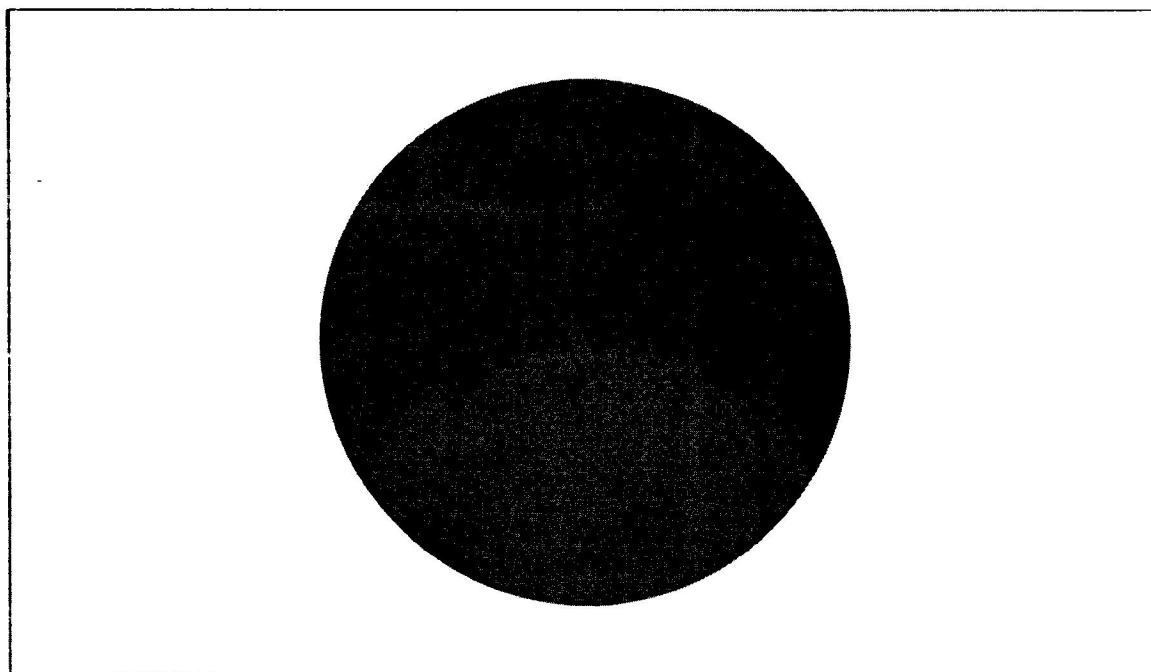
Source: Author's fieldwork, 2018

About 281 (63%) of the respondents live on campus with majority being males (67.3% males Vs 55.6% female).

When asked where the area one grew up in 252 (56.5%) reported that they live in Urban area while 194 (43.5%) live in the rural areas. There were more females who live in the urban area as compared to rural area (63% vs. 37%).

4.2 Alcohol Consumption

Figure 1: Respondents who consume Alcohol



Source: Author's fieldwork, 2018

The majority of the respondents, 282 (63.2%) reported to have taken alcohol (figure 1).

Table 2 shows the association between taking alcohol and socio-demographic characteristics.

Table 2: Association between alcohol consumption and socio-demographic status

Variable	Consumed Alcohol (N = 282)	P value
College		
Agriculture and Veterinary Services	26 (59.1%)	0.131
Architecture and Engineering	49 (73.1%)	
Biological & Physical science	49 (70.0%)	
Education and External studies	15 (48.4%)	
Health Sciences	36 (57.1%)	
Humanities and Social sciences	107 (62.6%)	

Year of Study		
First year	20 (60.6%)	0.567
Second year	65 (61.3%)	
Third year	104 (62.3%)	
Fourth year	89 (67.9%)	
Fifth year	4 (44.4%)	
Gender		
Male	185 (65.1%)	0.157
Female	97 (59.9%)	
Residence Setting		
Urban	175 (69.4%)	0.002
Rural	107 (55.2%)	
Hostel		
On Campus	178 (63.3%)	0.947
Off Campus	104 (63.0%)	
Part time Work		
Yes	75 (78.9%)	<0.0001
No	207 (59.0%)	
Age	0.367	

Source: Author's fieldwork, 2018

There were no significant differences between use of alcohol and college, age, year of study, gender or if they live on campus or not. However, there was a significant difference between use of alcohol and residence setting and part time work. About 175 (69.4%) of the respondents who lived in urban setting consumed alcohol (p value=0.002) whereas 75 (78.9%) of the respondents who work consume alcohol (p=0.0001) showing that an urban dweller and students who work part time are more likely to consume alcohol.

Looking at the association between gender and alcohol consumption, there was no significant differences. However, this might change in the few years as one of the student leader stated. The male students take more alcohol bought by students campaigning for various positions so that they could vote for them and also for encouraging chaos. *"Male students drink more alcohol than the female students however the female students are increasing their drinking and in a few years might be at par with the male students. Main reasons for male taking more include their ego and universities culture which encourage men to drink more"*. (4th year male student representative)

Asked the age they first took alcohol, 209 (46.9%) respondents highlighted that they first took alcohol at the age of 16 years and older an average of 45.42 % males and 49.38% females. 164

(36.8%) have never taken alcohol other than a few sips. 45 (10.1%) respondents took their first alcohol at the age of 13 and below with 21 (4.7%) taking between the age 8 or 9 years. More males (9.15%) took the first drink at age of 14 or 15 years compared to females (1.23%) at that age.

Table 3: Age of first drink by gender

Age of first drink	Male (n=284)	Female (n=162)	Total (N=446)
Never had a drink of alcohol other than a few sips	99 (34.86%)	65 (40.12%)	164 (36.77%)
7 years old or younger	4 (1.41%)	3 (1.85%)	7 (1.57%)
8 or 9 years old	15 (5.28%)	6 (3.70%)	21 (4.71%)
10 or 11 years old	2 (0.70%)	2 (1.23%)	4 (0.9%)
12 or 13 years old	9 (3.17%)	4 (2.47%)	13(2.91%)
14 or 15 years old	26 (9.15%)	2 (1.23%)	28 (6.28%)
16 years old or older	129 (45.42%)	80 (49.38%)	209 (46.86%)

Source: Author's fieldwork, 2018

Among the respondents taking alcohol, 55 (19.5%) have not taken a drink in the last 30 days preceding the study. Ninety six (96, 34%) took alcohol between one or two days with more females 38.15% and 61 (21.6%) took alcohol between three to five days in the month. Females took more alcohol between 10 to 19 days compared to the male respondents (5.4% & 2.2%). Seven (2.5%) students who were all males took alcohol all the 30 days preceding the study showing they are daily drinkers as shown in table 4.

Table 4: Frequency of alcohol consumption 30 days preceding the study

Male (n=185)	Female (n=97)	Total (N=282)	
0 days	37 (20.0%)	18 (18.6%)	55 (19.5%)
1 or 2 days	59 (31.9%)	37 (38.15)	96 (34%)
3 to 5 days	46 (24.9%)	15 (15.5%)	61 (21.6%)
6 to 9 days	22 (11.9%)	13 (13.4%)	35 (12.4%)
10 to 19 days	10 (5.4%)	9 (9.3%)	19 (6.7%)
20 to 29 days	4 (2.2%)	5 (5.2%)	9 (3.2%)
All 30 days	7 (3.8%)	0 (0%)	7 (2.5%)

Table 5: Number of alcoholic drinks consumed during the 30 days preceding the study

Male (n=185)	Female (n=95)	Total (N=282)	
I did not drink alcohol during the past 30 days	37 (20%)	18 (18.6%)	55 (19.5%)
less than one drink	8 (4.3%)	9 (9.3%)	17 (6.0%)
1 drink	17 (9.2%)	14 (14.4%)	31 (11%)

2 drinks	37 (20%)	12 (12.4%)	49 (17.4%)
3 drinks	35 (18.9%)	20 (20.6%)	55 (19.5%)
4 drinks	25 (13.5%)	10 (10.3%)	35 (12.4%)
5 or more drinks	26 (14.1%)	14 (14.4%)	40 (14.2%)

Source: Author's fieldwork, 2018

In the study, 75 (26.6%) of the respondent took 4 or more drinks on the days they took alcohol during the 30 days preceding the study (4 drinks=12.4% and 5 or more drinks=14.2%). 55 (19.5%) took 3 drinks (Table 5). There were no significant differences between the percentage of male and female students who took more than four drinks per sitting. This shows there are cases of binge drinking at the university. A security guard highlighted there is a high frequency of students taking alcohol during the first days of campus since they have HELB loans and at the end due to stress of the exams.

“Most students take alcohol at the beginning of the semester and at the end. This is mainly due to having money at the beginning of the semester and also during the end of semester they drink to relieve stress of exams and also to celebrate the end of exams” (Middle aged security guard).

On further analysis of the respondent who drank alcohol, 139 (49.3%) reportedly drank monthly or less frequently, and 35 (12.4%) drank 2-3 times a week. 11 (3.9%) drank 5 or times a week as shown in table 7. From the table it shows that more who drank 2-4 times a month or less frequently are more likely social drinkers.

Table 6: Frequency of drinking

Frequency of drinking	Frequency (n=282)	Percentage
Once a month or less	139	49.3
2-4 times a month	97	34.4
2-3 times a week	35	12.4
5 or more times a week	11	3.9

Source: Author's fieldwork, 2018

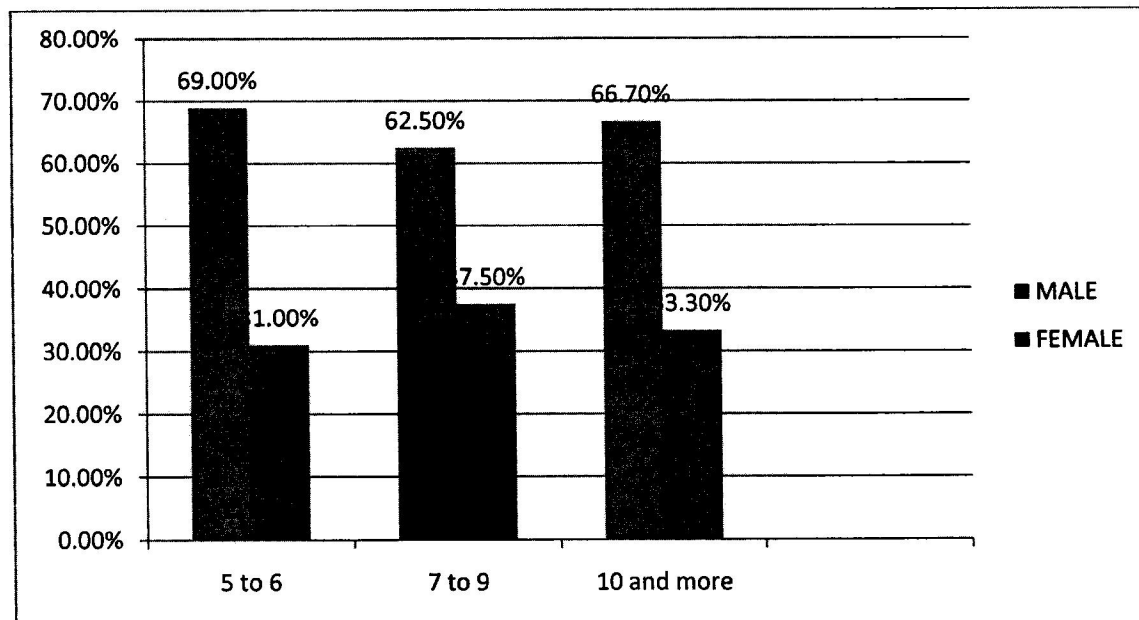
Table 7: Heaviness of drinking

Standard drinks at a sitting	Frequency (n=282)	Percentage
1 or 2	162	57.4
3 or 4	80	28.4
5 or 6	29	10.3
7 to 9	8	2.8
10 or more	3	1.1

Source: Author's fieldwork, 2018

Response to heaviness of drinking, most of the respondent who drank took one or two drinks per sitting (57.4%) as shown in table 8. About 29 (10.3%) took take 5 or 6 drinks at a sitting while 8 (2.8%) take 7 to 9 drinks at a sitting. One percent (n = 3) take 10 or more drinks at a sitting indicating heavy drinking.

Figure 2: Number of standard alcohol drink taken at a sitting by gender



Source: Author's fieldwork, 2018

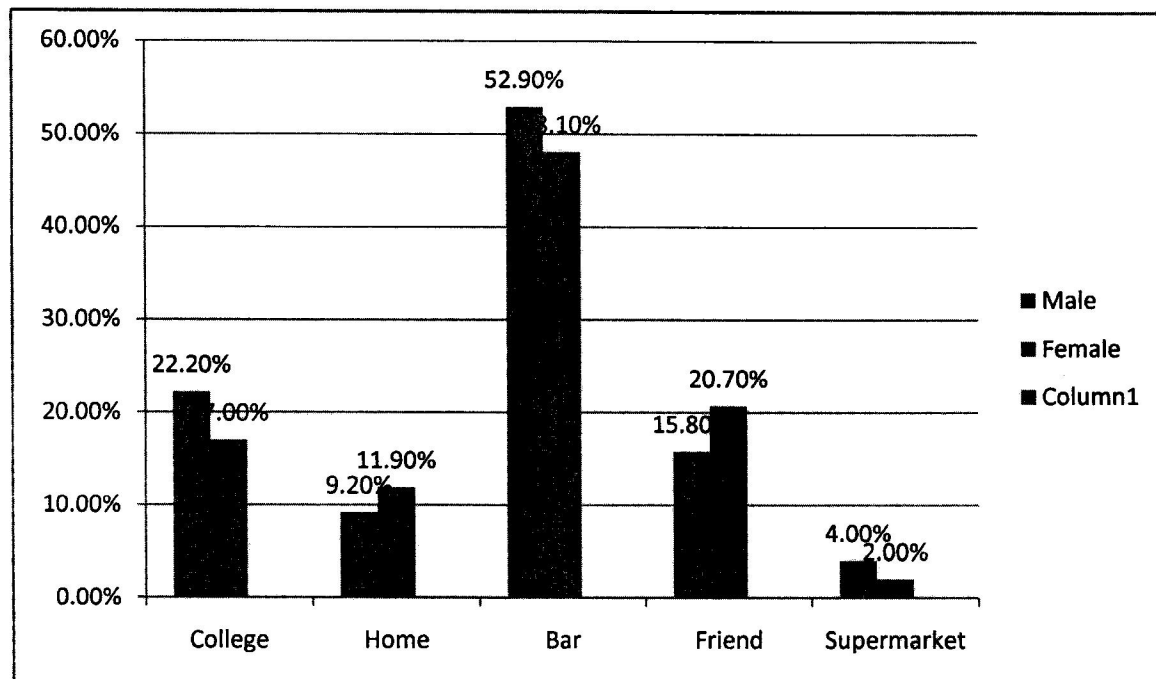
Males were more likely to drink more at a sitting compared to the females with 20 (69%) of the males taking 5 or 6 drinks. Among the respondents taking 10 drinks or more, 2 (66.7%) of them were males as shown in figure 2.

The overall AUDIT scores across the respondents who have ever taken alcohol all respondents' show 124 respondents were in Zone 1 (44%) showing low risk drinking or abstinence. Zone 2 had 124 (44%) of the respondents indicating medical level of alcohol problem. Zone 3 had 25 (8.6%) representing a high level of alcohol problem or hazardous problem. Zone 4 had 9 respondents (3.2%), highlights a possible dependant and warrants further diagnostic evaluation. This is shown in table 8.

Table 8: AUDIT Scores of alcohol-related problems

Zones	Frequency	Percent
Zone 1 (0-7)	124	44.0
Zone 2 (8-15)	124	44.0
Zone 3 (16-19)	25	8.9
Zone 4 (20-40)	9	3.2
Total	282	100

Source: Author's fieldwork, 2018



Source: Author's fieldwork, 2018

Figure 4: Accessibility of alcohol

More than half the respondents (51.3%, n = 203) highlighted they usually get alcohol from the

bars (Figure 4). This was defined as bars outside of campus. About 81 (20.4%) access alcohol at the College, this was also confirmed during the data collection where it was noted that the tuck shops at the universities sell alcohol and have the EABL standard fridge to store the alcohol. Five (5) of the campuses also have bars. About 41 (10.1%) usually took alcohol at home and 68 (17.2%) got alcohol from their friends while 4 (1%) respondents bought alcohol from the supermarket. This may be due to some students who live off campus and might need alcohol for parties therefore buy alcohol at the supermarket.

The security guard underscored that:

“It is good to have bars at the university since it reduces the number of students going out into town to drink and therefore reduces security issues. However, it is bad since it encourages overindulgence of alcohol since the alcohol is easily accessible. When the students take a lot of alcohol it also causes destruction of property at the university due to fighting each other and rioting” (middle aged male security guard)

This was confirmed by one of the student leader who stated that:

“It is easier for Lower Kabete and Upper Kabete to access cheaper alcohol since they are near the villages in the area. Students who do evening classes are usually free during the day hence are more likely to take more likely. Prices at the campus bar are usually cheaper than other places”. (4th year male student leader)

4.4 Reasons for alcohol use

Figure 5: Reason for alcohol use by gender

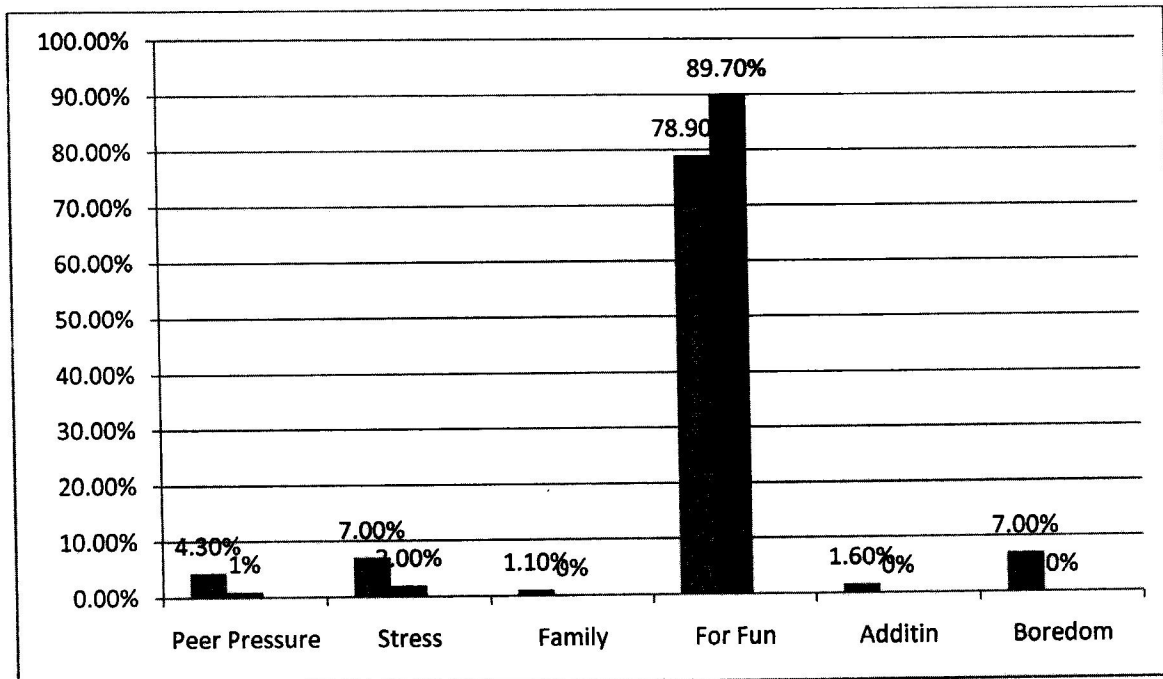
Reason given for alcohol use include: for fun which was highest for both the males and females at 78.9% and 89.7% respectively. There was a difference between gender with 7.0% of the males. More than half the respondents (51.3%, n = 203) highlighted they usually get alcohol from the bars (Figure 4). This was defined as bars outside of campus. About 81 (20.4%) access alcohol at the College, this was also confirmed during the data collection where it was noted that the tuck shops at the universities sell alcohol and have the EABL standard fridge to store the alcohol. Five (5) of the campuses also have bars. About 41 (10.1%) usually took alcohol at home and 68 (17.2%) got alcohol from their friends while 4 (1%) respondents bought alcohol from the supermarket. This may be due to some students who live off campus and might need alcohol for parties therefore buy alcohol at the supermarket.

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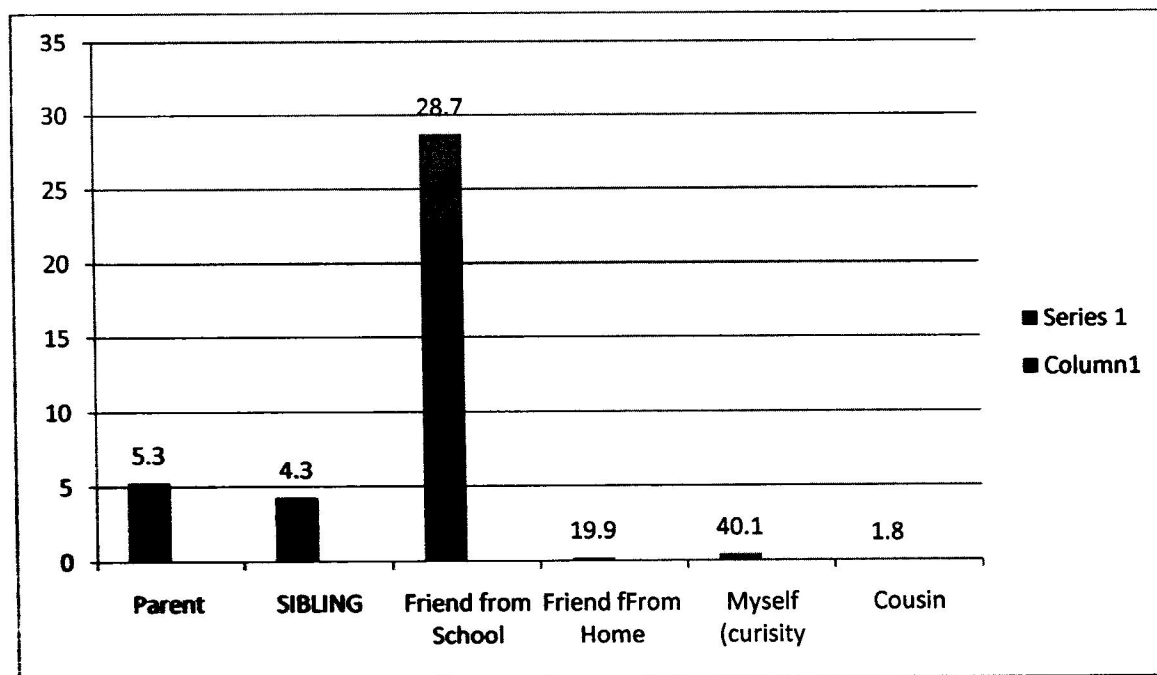
Source: Author’s fieldwork, 2018

Reason given for alcohol use include: for fun which was highest for both the males and females at 78.9% and 89.7% respectively. There was a difference between gender with 7.0% of the males saying they drink because of boredom compared to 1% of the female respondents as shown in figure 5.

Peer pressure was highlighted as the main reason for students taking alcohol among the key

informants interviewed. This may be because most of the students find new found freedom and a sense of invulnerability and a strong desire for exploration at the university.

Figure 6: Source of introduction to alcohol intake



Source: Author's fieldwork, 2018

Among the 282 respondents who admitted to taking alcohol, 137 (48.6%) were introduced by a friend (28.7% by friend from school and 19.9% by friend from home). Forty percent (40.1%, n = 113) were curious and tried alcohol on their own. While 15 (5.3%) were introduced by their parent and 12 (4.3%) by their sibling. 5 (1.8%) were introduced by their cousin to alcohol. This is shown in figure 6.

4.5 Awareness of Risk Factors and Knowledge on alcohol

To test knowledge of effects of alcohol among the respondents, a series of questions were asked. Among the respondents (n = 282) who take alcohol 87.6% said it was true that alcohol is a mood altering stimulant same as 82.3% of the respondents who do not take alcohol as shown in table 9.

They answered wrongly as alcohol is a mood altering drug that depresses bodily functions and not a stimulant. 88.7% of the respondents taking alcohol and 84.8 of the respondents taking alcohol answered correctly that the effects of alcohol vary according to individual as it are

dependent on sex, weight, metabolism and presence of food in the stomach.

“Women respond to alcohol differently from men”. This is a correct fact since they respond more quickly to alcohol due to their smaller body size and body fat distribution and due to increased hormonal changes. About 186 (66%) agreed to that fact among the respondents who take alcohol and 97 (59.1%) who do not take alcohol. When asked if alcohol increases sexual drive and ability, there was a difference in reply between the group taking alcohol (43.3%, n= 122) and the group that do not take alcohol (26.2%, n = 43). The group taking alcohol was more inclined to say that alcohol increases sexual drive.

There was a difference seen between the groups of consumers of alcohol and non-consumers of alcohol when asked if *“one could leave their passed out friend to go to back to the party”* with more respondents who take alcohol agreeing they would go back to the party (52.5%, n =148) leaving their friend behind as compared to 102 (62.8%) who says it is wrong to go back to the party from the group that does not take alcohol. This is worrying as the students who drink were more likely to leave their passed out friend to go to the party instead of taking care of them. .

Table 9: Awareness of Risk Factors

Statements on alcohol	TRUE	FALSE	Don't Know			
	No (N=164)	Yes (N=282)	No (N=164)	Yes (N=282)	No (N=164)	
<i>Alcohol is a mood altering stimulant</i>	247 (87.6%)	135 (82.3%)	24 (8.5%)	24 (14.6%)	11 (3.9%)	5 (3%)
<i>The effects that alcohol has on the body vary according to the individual</i>	250 (88.7%)	139 (84.8%)	23 (8.2%)	20 (12.2%)	9 (3.2%)	5 (3%)
<i>Women respond to alcohol differently from men</i>	186 (66%)	97 (59.1%)	78 (27.7%)	56 (34.1%)	18 (6.4%)	11 (6.7%)
<i>Alcohol increases your sexual drive and ability</i>	122 (43.3%)	43 (26.2%)	142 (50.4%)	107 (65.2%)	18 (6.4%)	14 (8.5%)
<i>It is Okay to put your drunk, passed out friend to bed and go back to the party</i>	148 (52.5%)	47 (28.7%)	120 (42.6%)	102 (62.8%)	14 (5%)	14 (8.5%)
<i>If both parents drink, there is a high probability that the child will drink</i>	163 (57.8%)	100 (61%)	103 (36.5%)	55 (33.5%)	16 (5.7%)	9 (5.5%)

<i>Binge drinking among young people has no relationship with development of alcoholism later in life</i>	84 (29.8%)	44 (26.8%)	178 (63.1%)	106 (64.6%)	20 (7.1%)	14 (8.5%)
<i>Alcohol use at an early age increases the risk of alcohol dependence</i>	212 (75.2%)	137 (83.5%)	56 (19.9%)	23 (14%)	14 (5%)	4 (2.4%)

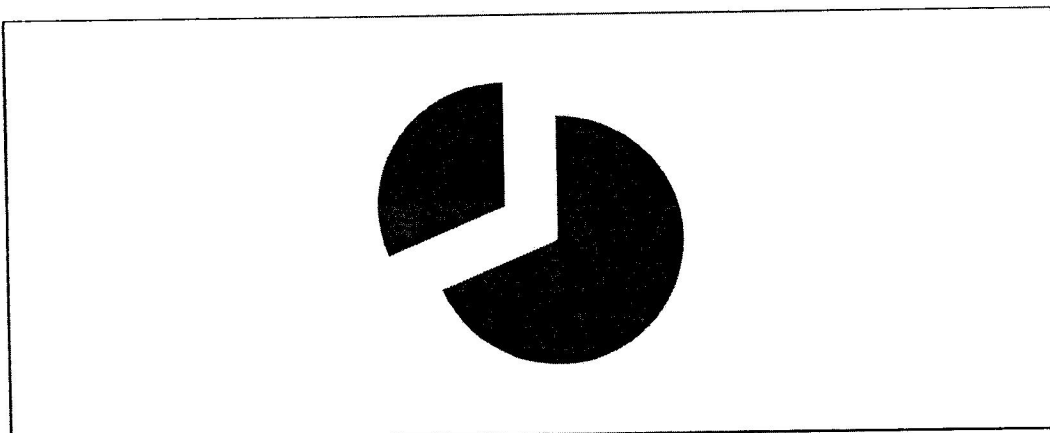
Source: Author's fieldwork, 2018

When looking at the risk factors that could lead to alcohol abuse, 163 (57.8%) and 100 (61.0%) from both groups that consume alcohol and those that do not agree that “if both parents drink, there is a high probability that the child will drink”. Over 63% (n=178 vs. n=106) from both groups agree that Binge drinking among young people has relationship with development of alcoholism later in life. About 212 (75.2%) from the group that take alcohol and 37 (83.5%) from the group that do not take alcohol say it is true alcohol use at an early age increases the risk of alcohol dependence (table 9).

4.6 Alcohol Policy at the University

There is an alcohol policy working document which was made in January 2010 by a committee from different departments from the University. The policy looks at the employees and students conduct with regard to prevention, care and support programs as well planning and implementation of the policy at the University. The university has an Alcohol and Drug Abuse Coordinator who reports to both the University Health clinic and NACADAA. Only 140 (31.4%) of the respondents knew about the existence of the alcohol policy at the University (figure 7).

Figure 7: Knowledge of alcohol policy



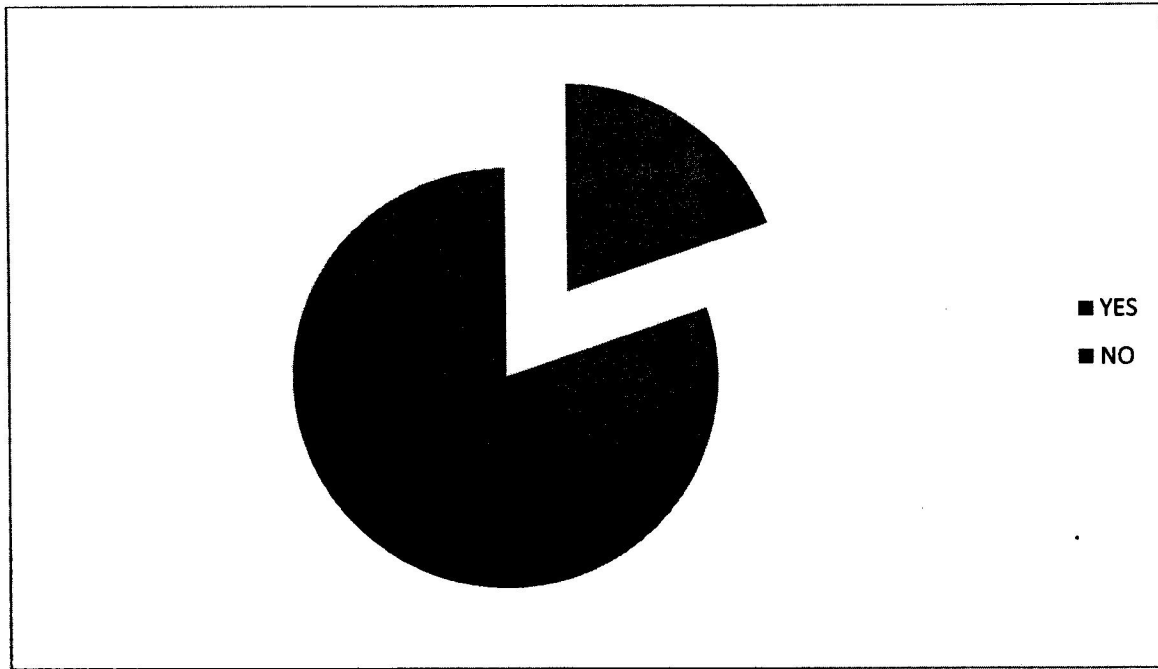
Source: Author's fieldwork, 2018

When asked if they knew where to get information about alcohol rehabilitation in the university, 88 (19.7%) said they knew and highlighted some of the places to be the University Health Clinic, Guidance and counseling office, Dean of students office and the Student Welfare Association

(SWA). This was confirmed with the Key informants who highlighted that most students went to the Clinic and the Dean of students to get help.

“However by the time they reach the dean of students they are already having a problem with alcohol” (4th year student leader).

Figure 8: Knowledge on where to get alcohol rehabilitation information



Source: Author's fieldwork, 2018

The University Health clinic in collaboration with SONU each year held a drug awareness day to educate the students on alcohol and drug abuse. Also during the first year Orientation, the university would invite NACADA to talk to the students about alcohol and drug abuse. About 24 (27.6%) of the respondents who knew where to get information said they would go to the

University Health clinic for information while 21 (24.1%) will go to the Guidance and Counseling offices at the university (table 10).

Table 10: Places respondents to go to get information on alcohol rehabilitation at the University

Place	Frequency (N = 87)	Percentage
University Health Clinic	24	27.6%
Guidance and counseling office	21	24.1%
Dean of students	10	11.5%
Psychiatry rehabilitation centre	5	5.7%
SWA	5	5.7%
NACADA	3	3.4%
Peer educators	3	3.4%
Advice from friends	2	2.3%

Church	2	2.3%
Clubs	2	2.3%
Internet	2	2.3%
Seminar	2	2.3%
Christian Union/Muslim Organization	1	1.1%
Department Counselor	1	1.1%
Lecturer	1	1.1%
Library	1	1.1%
UNADSAC	1	1.1%
WOSWA	1	1.1%

Source: Author's fieldwork, 2018

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

5.1.1 Prevalence of alcohol Abuse

Alcohol is the most commonly abused drug largely because it is sold legally around school premises, hostel and has attained a commodity status. The huge difference implies that alcohol use is probably still regarded as being fashionable among students of Ekiti State University and very few social sanctions exist to

5.1.2 Binge Drinking

Over 14% of the respondents were taking 5 or more alcohol drinks at a sitting. A drink as defined as glass of wine, a bottle of beer or a small glass of liquor. Previous research suggests that although it is difficult to generalize alcohol use patterns in many African countries, bingedrinking is a common phenomenon in the Nigeria. For instance, a study by Saunders et al (1993)

5.1.3 Factors associated with drinking

The only factors significantly associated with alcohol drinking included residence setting and part time worker or student. University students are setting themselves up to become the alcoholics of the future because they drink when they are depressed or undergoing work related stress, and to simply have a so called good time. University students who abuse alcohol appear to find every reason to drink rather than avoid to drink. Therefore the problem is how to inform students in a socially acceptable manner on how and when alcohol abuse affects them. While most university students said they knew the risks associated with alcohol they continue to drink excessively because this behavior is perceived as normal. The prices of alcohol were lower than the other bars found out of campus. This likely increased the availability and accessibility of alcohol among the students. Low price and very easy access to alcohol are strong correlates of binge drinking. Students attending university's that ban alcohol are less likely to drink and more likely to abstain from alcohol.

5.2 Conclusion

There is high consumption of alcohol at Ekiti State University. The prevailing norms at the university facilitate easy access to alcohol.

5.2.1 Alcohol Use

The study has shown there is high consumption of alcohol among the students in the university. There is no difference between the students who were found in the various colleges with regards to age, gender, family structure and part time worker. Most university students were between the ages of 18 and 26 years which is the current student age for those who are in campus. There are younger students this year with a few students being 17 years and this may be due to double

REFERENCES

1. Arata, C. M., Stafford, J., & Times, M. S. (2003). High school drinking and its consequences. *Adolescence*, 38, pp 567–579.
2. American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, Vancouver, USA
3. Ayisi J. G. (2000) Risk Factors for HIV infection among symptomatic -pregnant women attending an antenatal clinic in Western Kenya. *International Journal of STDs & AIDS*, 11: pp789 – 797.
4. Babor, T., Campbell, R., Room, R. and Saunders, J.(Eds.), (2014) *Lexicon of Alcohol and Drug Terms*, World Health Organization, Geneva, 1994.
5. Baer, J. S., Sampson, P. D., Barr, H. M., Connor, P. D., & Streissguth, A. P. (2013) A 21-year longitudinal analysis of the effects of prenatal alcohol exposure on young adult drinking. *Archives of General Psychiatry*, 60, pp 377–385.
6. Basangwa D., Arria A., Marolla V., Simeoni E., Subata E., Tala K. (2016). Alcohol and Substance and Mental Disorders. *Tropical Medicine and International Health* 15,pp 34
7. Bonomo Y, Bowes G, Coffey C. (2014). Teenage drinking and the onset of alcohol dependence: a cohort study over seven years. *Addiction*; 99: pp1520-1528
8. Begleiter, H., & Porjesz, B. (2014) What is inherited in the predisposition toward alcoholism? A proposed model. *Alcoholism, Clinical and Experimental Research*, 23, pp 1125–1135.
9. Chassin, L., Curran, P. J., Hussong, A. M., & Colder, C. R. (1993). The relation of parent alcoholism to adolescent substance use: A longitudinal follow-up study. *Journal of Abnormal Psychology*, 105, pp 70–80
10. Courtney, KE. And Polich, J. (2009). "Binge drinking in young adults: Data, definitions, and determinants". *Psychol Bull* 135 pp 90-97
11. Curran C, P. J., Hussong, A. M., and Colder, C. R. (2016). The relation of parent alcoholism to adolescent substance use: A longitudinal follow-up study. *Journal of Abnormal Psychology*, 105, pp 70–80.
12. Ebie, J. & A. Pela (2014). Some Socio-cultural Aspects of the Problem of Drug Abuse in Nigeria. *Drug and Alcohol Dependence*, 8:302 - 306.
13. Faden V. and Baskin M. (2017). An Evaluation of college online alcohol-policy Information. National Institute on alcohol Abuse and Alcoholism. Maryland
14. Frone M.,Russell M., and Cooper L. (2013). Relationship of work-family conflict, gender, and alcohol expectancies to alcohol use/abuse. *Journal of Organizational Behavior* , 14, Issue 6, pp545–558,
15. Grant B. and Dawson D. (2017) Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal Substance Abuse* 9, pp103-110.
16. Green, G., Sally M., Patrick W. and Russell E. (2014) Like parent like child? Associations

between drinking and smoking behaviour of parents and their children. *British Journal of Addiction*. 86 (6) pp 745–758

17. Government of Kenya(2016) *The Alcoholic Drinks Control Act: Government Press*

18. Hassan A. (2015) Alcohol related death amongst drivers, passengers, pedestrians' and cyclists in Nairobi. Unpublished thesis, University of Nairobi

19. Hawkins, J., Graham, J., Maguin, E., Abbott, R., Hill, K., and Catalano, R. (1997). Exploring the effects of age of alcohol use initiation and psychosocial risk factors on subsequent alcohol misuse. *Journal of Studies on Alcohol*, 58, pp280–290.

20. Hingson, R., Heeren, T., Zakocs, R., Kopstein, A., & Wechsler, H. (2002). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18–24. *Journal of Studies on Alcohol*, 63, pp 136–144.

21. Jernigan D., (2015) “Global Status Report: Alcohol and Young people” Geneva: WHO

22. Karama E, Kypri K, Salamoun M: (2017) Alcohol use among college students: an international perspective. *Curr Opin Psychiatry* , 20:pp 213-221.

23. Kariuki, D. (2018). Levels, Trends and Patterns of Drug Addiction in Nairobi Secondary Schools. Unpublished M.ED Thesis: Kenyatta University.

24. Kibui M. (2017) The impact of alcohol use on health and academic performance of students in Kenya Medical Colleges in Central Province. Unpublished thesis (MPH), Kenyatta University.

25. Kuria M. (1996) Drug abuse among urban as compared to rural secondary schools students in Kenya: a short communication. *East Afr Med J* 1996, 73:pp 339.

26. Lukoye A. (2015) Prevalence of substance use among college students in Eldoret, western Lagos. *Biomedcentral Psychiatry* 2011, 11:34

27. Mathurin, P.; Deltenre, P. (May 2014). Effect of binge drinking on the liver: an alarming public health issue? *Gut* 58 (5): pp 613–7.

28. National Campaign Against Drug Abuse (NACADA), 2014. Youth in Peril Study. Nairobi: NACADA

29. National Campaign Against Drug Abuse Authority (2017) Rapid Situation Assessment Of Drug And Substance Abuse In Kenya. Nairobi: NACADAA

30. National Campaign Against Drug Abuse Authority (2012) Parent's Alcohol Consumption Behaviors and Their Children's Alcohol Abuse: Evidence From Secondary School Students In Nairobi. Nairobi: NACADAA

31. National Campaign Against Drug Abuse Authority (2011) Workshop Report on Research gaps: Nairobi: NACADAA

32. National Highway Traffic Safety Administration. (2000). *Traffic safety facts 2000*. Washington, DC

33. Ndeti D. (2016) The African textbook of Clinical Psychiatry and Mental Health. Brazil: Africa Medical Research Foundation.

34. Odek-Ogunde M, Pande-Leak D: Prevalence of substance use among students in a Kenyan

- University: a preliminary report. *East Afr Med J* 1999, 76:pp301-306.
35. O'Neill, S. E., Parra, G. R., & Sher, K. J. (2015). Clinical relevance of heavy drinking during the college years: Cross-sectional and prospective perspectives. *Psychology of Addictive Behaviors*, 15, pp 350–359.
36. Presley, C., Meilman, W., Cashin, J., and Lyerla, R. (2016) Alcohol and Drugs on American College Campuses: Use, Consequences, and Perceptions of the Campus Environment, Volume III: Core Institute, Southern Illinois University.
37. Sandra K. and Schneider D., (2014). Alcohol-related problems: Recognition and intervention”
38. Schuckit MA. (2016) Alcohol-use disorders. *Lancet*.;373:pp 492-501
39. Schuckit, M. A. (2014). Low level of response to alcohol as a predictor of future alcoholism. *American Journal of Psychiatry*, 151, pp184–189.
40. Roosa M., Irwin S., Beals J., and Short J. (2018). “*American Journal of Community Psychology*”, Vol. 16, No. 2,
41. UNODC (2014) “Treatment and guiding Principles and Curriculum for training in peer-to-peer prevention for Eastern African Countries” www.unodc.org
42. United Nations (2016). The United Nations and Drug Abuse Control, (2016). UN Publication, Vienna.
43. Wechsler, H, Nelson, T, and Weitzman, R (2016) From knowledge to action: How Harvard’s College Alcohol Study can help your campus design a campaign against student alcohol abuse.
44. Wood, M. D., Read, J. P., Mitchell, R. E., and Brand, N. H. (2017). Do parents still matter? Parent and peer influences on alcohol involvement among recent high school graduates. *Psychology of Addictive Behavior*, 18, 19–30.
45. World Health Organization (2012). International statistical classification of diseases and related health problems. 10th ed. Geneva: The Organization
46. World Health Organization (2013) *The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic criteria for research*, World Health Organization, Geneva.
47. World Health Organization (2014) Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. Geneva
48. World Health Organization (2010). Governments confront drunken violence. Available from: <http://www.who.int/bulletin/volumes/88/9/10-010910/en/index.html> (accessed 29/01/13)
49. World Health Organization (2011) Global status report on alcohol and health. Geneva: WHO
50. Wiers RW, Stacy AW, Ames SL, Noll JA, Sayette MA, Zack M, (2014) Implicit and explicit alcohol-related cognitions. *Alcoholism: Clinical and Experimental Research*. 2014;26:pp129–13

51. Wilks, J., Callan, V. J. And Austin, D. A. (1999), "Parent, Peer and Personal Determinants of Adolescent Drinking". *British Journal of Addiction*, 84:pp 619–630.

52. Centre for Disease Control and Prevention (2016)

<http://www.cdc.gov/alcohol/factsheets/binge-drinking.htm> (accessed 06/12/11)

**FEDERAL UNIVERSITY OF OYE, EKITI STATE,
FACULTY OF THE SOCIAL SCIENCES ,
DEPARTMENT OF SOCIOLOGY.**

**QUESTIONNAIRE ON FEDERAL UNIVERSITY OF OYE, EKITI STATE,
FACULTY OF THE SOCIAL SCIENCES ,
DEPARTMENT OF SOCIOLOGY.**

**Questionnaire On Factors Associated With Alcohol Abuse among Student Ekiti State
University Ado-Ekiti**

This questionnaire is strictly on factors associated with alcohol abuse among student Ekiti State University Ado-Ekiti

INTERVIEW SCHEDULE FOR STUDENTS.

Introduction

Instructions: *(Please read the instructions given and answer the questions as appropriately as possible).* It is advisable that you read carefully and correctly fill in each section as provided.

Section A: Demographic Information

1. What is your gender? Male [] Female []
2. Which is your age?
(a) 16-23 years (b) 24-31 years (c)

factors associated with alcohol abuse among student Ekiti State University Ado-Ekiti

This questionnaire is strictly for academic research purpose and it is intended to collect information on factors associated with alcohol abuse among student Ekiti State University Ado-Ekiti

INTERVIEW SCHEDULE FOR STUDENTS.

Introduction

Instructions: *(Please read the instructions given and answer the questions as appropriately as possible).* It is advisable that you read carefully and correctly fill in each section as provided.

Section A: Demographic Information

- 1. What is your gender? Male [] Female []
- 2. Which is your age?
 (a) 16-23 years (b) 24-31 years

Questionnaire ID: _____ Date: _____ Initials of your name: _____

Which Faculty are you in? (Tick appropriately)

- 1. Faculty of Agriculture & Veterinary Sciences
- 2. Faculty of Engineering
- 3. Faculty of Science & Physical Sciences
- 4. Faculty of Education & Faculty of Art
- 5. Faculty of Health Sciences
- 6. Faculty of Humanities and Social sciences

Background Information

- 1. What year of study are you? *Please tick as appropriate.*
 1. First Year 2. Second Year 3. Third Year 4. Fourth Year
- 2. How old were you at your last birthday? _____ years
- 3. Are you male or female? 1. Male 2. Female
- 4. What type of place of residence did you grow up in?
 1- Urban slum area 2- Urban Non slum area 3Rural Area
- 5. Where do you live when you are in the University?

1. On Campus 2. Off Campus

6. Family Type

1. Mum and Dad 2. Single Mum 3. Single Dad 4. Foster Parents 5. Aunt/Uncle 6. Grandparent (s)

7. Do you work part time? 1. Yes 2. No

Access to alcohol

8. Have you ever taken alcohol? 1. Yes 2. No

9. How old were you when you had your first drink of alcohol other than a few sips?

a. I have never had a drink of alcohol other than a few sips

b. 7 years old or younger

c. 8 or 9 years old

d. 10 or 11 years old

e. 12 or 13 years old

f. 14 or 15 years old

g. 16 years old or older

10. During the past 30 days, on how many days did you have at least one drink containing alcohol?

a. 0 days

b. 1 or 2 days

c. 3 to 5 days

d. 6 to 9 days

e. 10 to 19 days

f. 20 to 29 days

g. All 30 days

11. During the past 30 days, on the days you drank alcohol, how many drinks did you **usually** drink per day?

a. I did not drink alcohol during the past 30 days

b. Less than one drink

c. 1 drink

d. 2 drinks

e. 3 drinks

- f. 4 drinks
- . 5 or more drinks

12. What type of alcohol do you usually drink? SELECT ONLY ONE RESPONSE.

- a. I do not drink alcohol
- b. Beer, lager, or stout
- c. Wine
- d. Spirits,
- e.. Muratina

13. How often do you have a drink containing alcohol?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e.3. 5 or more times a week

14. How many standard drinks containing alcohol do you have on a typical day when

Drinking?

- a. Never
- b. 1 or 2
- c. 3 or 4
- d. 5 or 6
- e. 7 to 9
- f. 10 or more

15. How often do you have six or more drinks on one occasion?

16. During the past year, how often have you found that you were not able to stop drinking once you had started?

17. During the past year, how often have you failed to do what was normally

expected of you because of drinking?

18. During the past year, how often have you needed a drink in the morning to get

REGRESSION

		effort of waste management	method of waste collection and disposal
effort of waste management	Pearson Correlation	1	.504**
	Sig. (2-tailed)		.009
	N	130	26
method of waste collection and disposal	Pearson Correlation	.504**	1
	Sig. (2-tailed)	.009	
	N	26	26

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Author's field computation

From the analysis of data as shown in Table 4.7 at critical limits of 1% all the variables are significant and null hypothesis rejected and alternate hypothesis accepted correspondingly, For the significant X² values,

correlation

		improper waste disposal	decadence of the area
improper waste disposal	Pearson Correlation	1	.784**
	Sig. (2-tailed)		.000
	N	130	130
decadence of the area	Pearson Correlation	.784**	1
	Sig. (2-tailed)	.000	
	N	130	130

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Author's field computation

From the table above, the nature of relationship between the concerned variables is revealed by the Pearson correlation values.