PREVALENCE, PATTERN AND DETERMINANTS OF ALCOHOL CONSUMPTION AMONG STUDENTS OF THE POLYTECHNIC IBADAN, OYO STATE.

BY

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ABSTRACT

The heavy consumption of Alcohol, a psychoactive substance with dependence-producing properties is on the rise among young people. This risk behavior carries adverse health and social consequences given its intoxicating, toxic and dependence-producing properties. Therefore, the objective of this study was to assess the prevalence, pattern and determinants of alcohol consumption among students of the Polytechnic, Ibadan, Oyo State, Nigeria.

A cross-sectional survey including 394 consenting students of the institution was conducted. A five stage sampling technique was used to select study respondents. Mixed methods (qualitative and quantitative) were used to collect data instruments. For the quantitative data, a semi-structured pre-tested self-administered questionnaire was developed and used in collecting socio-demographic information, knowledge of health effects and alcohol use, prevalence & pattern of alcohol consumption, determinants of alcohol consumption and recommendation to improve students drinking behavior. For the qualitative study, a focus group discussion guide was developed which explored knowledge and perceptions to alcohol use. Knowledge of alcohol risk was scored on a 19point scale. Data were analyzed using descriptive statistics and Chi-square at $p=0.05$

Results showed that mean age of respondents was 22.46 ± 3.54 with the range of 15 to 35 years. More (62.9%) respondents were male, 96.7% were single and 93.1% were Yoruba. More of the students (63.2%) live off campus, 75.9% from nuclear family, and 69.0% Christian. Alcohol use knowledge score was 11.98 ± 4.86 with 20.7% having poor knowledge. Current alcohol use prevalence was 32.0%. In respect to alcohol drinking pattern, almost half of the respondents (43.6%) preferred to take alcoholic wine and beer (25.0%). Of the respondents, 57.1% reportedly drink with close friends, 68.2% use pocket money as source of fund for alcohol and 54.6% drink mostly at night. 39.2% of the respondents have got drunk before, and when asked for the reason for drinking, majority of the respondents (64.1%) said in order to have fun. Only 7.7% reported to have missed a class because they were drunk, although 61.7% reported that they have planned to quit alcohol. The proportion of alcohol consumers was higher among students whose father, mother and siblings were drinking and the difference was significant ($p<0.05$). Having large friends that attend parties was also found to be significantly associated with alcohol intake ($p<0.05$).

Alcohol consumption among students of Ibadan polytechnic is fairly high suggesting an urgent need for school authorities, program experts and government to formulate better policies and programs especially those that can have direct influence of family on young people risky behavior.

KEY WORDS: Prevalence, pattern, determinants, alcohol consumption, polytechnic students.

Word count: 413

CERTIFICATION

This is to certify that NWOSU-IWUOHA, Esther Chinonso carried out this research under my supervision in the Department of Health Promotion, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria.

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DEDICATION

I dedicate this work to the Almighty God, the Alpha and Omega for giving me the grace to commence and eventually complete this MPH programme.

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CHAPTER ONE

INTRODUCTION

1.1   Background of the Study

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries (WHO, 2015).In many parts of the world, drinking alcoholic beverages is a common feature of social gatherings (Chikere & Mayowa, 2011). Wine, beer, spirit and other fermented alcoholic beverages were drunk in traditional societies and some of these beverages are still used in this modern era for different purposes. In Africa, these and other alcoholic beverages such as *palm wine, burukutu,* etc. were consumed for pleasure soon after brewing or tapping (Dumbili, 2013). While alcohol use is deeply embedded in many societies, recent years have seen changes in drinking patterns across the globe: rates of consumption, drinking to excess among the general population and heavy episodic drinking among young people are on the rise in many countries. Nevertheless, the consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties (Chikere & Mayowa, 2011).

Alcohol impacts people and societies in many ways and it is determined by the volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed. In 2012, about 3.3 million deaths, or 5.9 % of all global deaths, were attributable to alcohol consumption. The harmful use of alcohol can also result in harm to other people, such as family members, friends, co-workers and strangers. Moreover, the harmful use of alcohol results in a significant health, social and economic burden on society at large(WHO, 2015).

Based on the World Health Organization's Global Status Report on Alcohol and Health, Nigeria currently ranks 27th position globally in alcohol consumption among adults (age 15+) in litres per capita per year, making it the leading African country in alcohol consumption(WHO, 2014). The overall trend shows that youths are those who suffer the most pressure. Many of the students in higher institutions are adolescents and some of them engage in various risky behaviours such as smoking, reckless driving, premarital and indiscriminate sexual activities, alcohol abuse (binge drinking) and drug abuse(Onongha, 2012). The transition to the college environment brings about changes in youths adjustment to their social environment which in turn influences alcohol consumption.

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Smoking, drinking, and illicit drug use often begin during adolescence and these behaviors have been reported to be closely related to increased morbidity and mortality and represent major public health challenges (Chang et al., 2011; Hale and Viner, 2012). Alcohol consumption appears very rampant in schools and in the society at large as majority of these young people are found in secondary schools and tertiary institution. It seems to be the source one of the country's major health challenge as well as social problems. The impact of alcoholism on youth has remained a source of worry to parents, schools, society and even the government because of the attendant misbehaviours that usually follow it have negative effect on the society and educational advancement cum achievement of the students (Bada & Adebiyi, 2014).

There are various locations where students have access to alcohol such as beer parlours, clubs, parties and so on. It has been observed that people across cultures and countries have different reasons for drinking alcohol. Some people drink in other to conform to the norm of a particular group while adolescents majorly engage in alcohol drinking for ego assertion birth as a result of desire to be independent. For other young people they engage in drinking in other to reduce frustration, relieve boredom, fatigue and in addition they perceive that it could help them to escape harsh realities of their world. Some youths intake of alcohol is influenced by their parents, personal gratification and temporary adaptations are also reasons while young adults venture into alcohol consumption which is usually festered by family background crisis such as divorce or separation. Hence, such young adults are exposed and lack significant adults in their life to check their socially undesirable behaviours (Bada & Adebiyi, 2014).

Unlike other similarly dangerous drugs, alcohol appears to enjoy greater acceptance and its consumption is often openly applauded by the government, press and manufacturers. Specifically, alcohol consumption is estimated to cause about 20-30% worldwide disease of liver cancer, oesophageal, cirrhosis of the liver, homicide, epilepsy, and motor vehicle accidents (WHO 2010). Despite the harmful effects of alcohol, youths still abuse alcohol. This is exactly why these youths should be enlightened on the detrimental effects of alcohol on their health. Presently in Nigeria, there are no known effective policies on alcohol.

1.2   Statement of Problem

In different parts of the globe, alcohol use among youths in tertiary institutions give room for great concern. The rate of alcohol use and abuse vary from one country to the other. In Nigeria, the situation shows there is high prevalence of alcohol use among young people and there is high probability that the frequency of alcohol drinking will continue to increase (Onongha, 2012). A prevalence of alcohol consumption (78.4%) was reported among undergraduates in Owerri and 26.7% of them are at risk of health complications (Chikere & Mayowa, 2011). Both male and female students consume alcohol such as Beer, Wine, Hot drinks, Palm wine, Native hot, drinks, raffia palm, Smirnoff-ice etc. Most of these alcohols contain 7% - 60% ethyl alcohol content, depending on how it's made.

The use of psychoactive substances such as alcohol plays a major role in students' involvement in violent Crime (Nwankwo, 2010). Violence is any form of behavior that is intended to hurt other people physically. Violence may take the form of child abuse, pushing, throwing items, shaking, choking, suicide, murder, fight in public places, biting, verbal abuse, hiting, rape, homicide, unruliness and notorious acts of sporting events. Alcohol abuse and alcoholism cause a significant number of severe and sometimes fatal-health, social and economic problems in Nigeria and beyond (Obikeze & Obi, 2013).

Student's poor academic performance in Nigeria has been associated by a number alcohol use which is also characterized by a number of risky behaviours which in the long run affect their well-being (Onongha, 2012). Heavy alcohol intake may lead to depression and liver damage. In addition, alcohol affects many parts of the brain, but the most vulnerable cells are those associated with memory, co-ordination, and judgment. Students' poor academic performance is associated with alcohol consumption; this is because it contributes to students missing classes, failing tests, dropping out of school due to poor grades, and compromising the academic mission of colleges and universities. Regardless of these negative effects, there is still highly patronized by students through centers such as beer parlours, clubs, parties and so on(Onongha, 2012).

Moreso, in Nigeria there is no definition of a standard or responsible drink by the government and the brewers, alcohol containers come in varying sizes and shapes and may not carry Alcohol By Volume (ABV) on their labels. The issue is further complicated with locally

made alcoholic beverages which are packed and served in different sized bottles and glasses and has no basis for judging a responsible drink. These alcohols are also been sold freely at various nooks and crannies of the society including the tertiary institutions (Obikeze & Obi, 2013).

There is limited available data on substance (alcohol consumption) use among polytechnic students in Nigeria and other low income countries has serious implications on the success of any interventions aimed at reducing this problem. The importance of documenting this problem cannot therefore be overstated.

1.3   Justification of the Study

In Nigeria, psychoactive substance misuse especially alcohol for many years has been an issue of increasing health and social importance. This is especially so for the critical youth period marked by several changes including the psychological phenomenon of experimentation. Studies carried out in the last decade in Nigeria have identified adolescents and youths as a major group involved in the use of alcohol, but few have focused on college-related environmental risk factors affecting drinking by tertiary students, hence the need for this study.

This study will be imperative in many respects to the undergraduates, psychologists, the tertiary institution management, policy makers and general public. Considering the high rise of detrimental effects of unrestricted consumption of alcohol among Nigerian youth living in Nigeria, campaign on the harmful effects of alcohol should be of top priority.This study will provide adequate and current data on the prevalence of alcohol consumption among polytechnic students for program experts and government to formulate better policies and programs that will guide in taking decisions on issues of alcohol and managing the resulting consequences among youth. Also school management will benefit from the study because it will enable her determine the extent of students involvement in alcohol and possibly device means of dealing with students behavioural problems.

Thus, the aim of this study is to assess the prevalence, pattern and determinants of alcohol consumption among students of polytechnic, Ibadan, Oyo state.

1.4 Research Questions

To guide the study, the following questions were raised;

1. What is the Knowledge of students in Ibadan polytechnic on alcohol abuse
2. What is the prevalence of alcohol consumption among students of the polytechnic Ibadan?
3. What is the pattern of alcohol consumption among the students?
4. What are the determinants of alcohol consumption among the students?

1.5 Research Objectives

The **broad objective** of this study is to investigate the prevalence, pattern and determinants of alcohol consumption among students of The Polytechnic, Ibadan, Oyo State.

Specific Objectives include:

1. To assess knowledge of health effects of alcohol abuse among students of the polytechnic Ibadan.
2. To assess the prevalence of alcohol consumption among the students.
3. To identify the pattern of alcohol consumption among the students.
4. To identify the determinants of alcohol consumption among the students.

CHAPTER TWO

LITERATURE REVIEW

2.1   Prevalence of Alcohol Consumption Among Students in Tertiary Institutions

While alcohol use is deeply embedded in many societies, recent years have seen changes in drinking patterns across the globe: rates of consumption, drinking to excess among the general population and heavy episodic drinking among young people are on the rise in many countries. Nevertheless, the consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties (WHO, 2009)

Substance use among college and university students predicts substance related problems in later life. There is an increasing trend in psychoactive substance use and abuse among young people in many African countries (Makanjuola, Abiodun, &Sajo, 2014) and also across the globe. The prevalence of substance use among college and university students in Eldore Municipality in Western Kenya reported that the lifetime prevalence rate of any substance use was 69.8% and Lifetime prevalence rate of alcohol use was 51.9%, and 97.6% of alcohol users had consumed alcohol in the week prior to the study (Atwoli, Mungla, Ndung, Kinoti, &Ogot, 2011).Moreso, the prevalence of substance use illustrates that the prevalence of alcohol use among the respondents was 87% (82% for males and 63% for females) in a study among University of Utopia Students in South Africa (Cherian&Mboweni, 2014). This reflects that Substance use and alcohol in particular is a growing problem amongst youth at tertiary institutions.

In Nigeria, College students experiment with drugs without knowing which drug to take, when to take it and how to take it (Adekeye, 2012), and presently, risky alcohol use among university students has become a serious public health issue in Nigeria (Ekpenyong&Aakpege, 2014). Nigeria is the leading alcohol consumer in Africa (WHO, 2015), this has compounded the problem as the rate of Youth's use of drugs, alcohol and other substances is quite alarming and several researchers have reported alcohol as the drug most often used by young people. In fact, 37% of University students in the country meet diagnostic criteria for either alcohol dependence or alcohol abuse (Chikere and Mayowa, 2011). According to a study carried out among students of Osun State University, Nigeria by

Onongha (2012) indicates that 42% of the respondents consumed alcoholic substances daily/everyday, which shows that this category of people are alcohol addicts who are usually not alright without substance use. 34.1% of the respondents consumed alcohol weekly, 14.5% and 4.3% consumed alcoholic beverages monthly and quarterly probably during stress and to feel high or occasion demands. Among randomly selected 600 students in university of Abuja, Nigeria Lifetime and current use of alcohol were 56.5% and 33.3% respectively; and were higher among males, adolescents/young adults and those from dysfunctional homes(Eze & Uzoeghe, 2015). A study that assess Alcohol and Substance Use among Undergraduates in Selected Private Universities in Southwest Nigeria reveal that amongst the respondents, cigarette smoking (81%) and alcohol (72%) use had the highest prevalence followed by use of coffee, energy drinks and kolanut (69%). Past and current use of alcohol occurred more among the males. The study suggests urgent public health preventive intervention on our campuses and more educational campaigns on the negative consequences of alcohol and substance use is needed to be advocated(Olujide & Muyiwa, 2015).Alcohol and psychoactive substance use among medical students of the university of Ilorin, Nigeria was alcohol (12.5%), hypnosedatives (3.4%), tobacco (1.7%), cannabis (1.7%), opioids (0.9%) and organic solvents (0.4%) (Makanjuola, Abiodun, & Sajo, 2014). The low prevalence of alcohol consumption can be justified due to high level of concentration that is required in the course of study.

In Europe, According to Varjonen (2013) reported that In the University Health Survey carried out in Finland in 2012, 19% of all University students had used pharmaceuticals or a combination of alcohol and pharmaceuticals in order to get intoxicated. Out of the 19% of University students, 17% were men while 24% were women and there was no significant difference in statistic's from one University to the other. The use of pharmaceuticals and alcohol can be explained by what was said in an interview with drug users who said that taking drugs brings exciting feelings at the beginning but hangovers are quite bad, they admitted taking different types of drugs to overcome hangovers and get more exciting feelings (Keene 2010). In a study carried out at the University of Rhode Island in Kingston, 389 college freshmen were involved.63.2% were male while 36.8% were female and the questionnaires were anonymous. It aimed at examining elements related to alcohol use such as gender, personal problems like depression or anxiety as well as social problems like unprotected sex and drunk driving. Results showed that around a third of those respondents attributed at least one personal problem to alcohol use in the previous year, and a half had

acquired at least one social problem. Trying to cope with negative emotions like stress was the dominant cause for drinking among these students (Wormer &Thyer 2010). According to Wormer &Thyer (2010) found that several problems are related to youths using alcohol based on various researches. Those that are psychological include anxiety, suicide and depression; interpersonal ones include unprotected and unplanned sex or physical fights and finally community problems like drunk driving and vandalism. Not much of a change had been noted in student's drinking for a period of twenty years since the 90s although difference in number of female and male drinkers had narrowed down in the recent ten years. More than 67% of college students said they drink alcohol and 40% practiced binge drinking. Out of the 40% males were 50% while females were 34% although females are at a higher risk of facing negative consequences such as depression, anxiety and stigma. In colleges, freshmen have shown the highest risk of alcohol use in previous researches since they are prone to drinking heavily and experiencing associated problems such as drunk driving. Youths in colleges may drink either to deal with stress or just to have fun but in most case this leads to interpersonal and psychological problems like breaking the law through drunk driving or vandalism which brings conflicts with university administrators.

A study carried out in Party Universities in United States found that Universities located in the urban centers tend to have more cases of alcohol consumption and crime than those located in the rural areas. Residential Universities were found to be a hub for reckless drinking, drug use and careless behavior. However, there were those who abstained for personal reasons, commitment to religion and academics. Around 40 to 60% of the students were found to be heavy drinkers who drunk mainly for intoxication. Male students drunk more than female students and students in their first year practiced more binge drinking than advanced students due to their new freedom away from parents (Wechsler & Nelson 2010).

2.2   Types of Alcohol and Alcoholic Beverages Consumed by Students in Tertiary Institutions

In Nigeria, alcohol are commonly used during burial, funeral, child dedication, thanksgiving, birthdays, political rallies, initiation ceremonies, wedding, festivals, meetings, church services and other social gatherings. In the university and other institutions of higher learning students consume alcohol during matriculation, convocation and initiation ceremonies into clubs and societies (Obikeze & Obi, 2013).

Alcoholic Beverages and Distilled Alcoholic Beverages. Both of the categories have a wide range of alcoholic beverages. These alcohol types have originated in different parts of the globe at different point of time. The different fermented and undistilled Alcoholic Beverages include Beer, Chicha, Cider, Icarinne Liquor, Palm Wine, Sake, Tapache, Tiswin and Wine. While, the distilled alcoholic beverages are Arrack, Awamori, Baijiu, Gin, Mezcal, Palinka, Rum, Vodka, Whiskey, Brandy, Tequila, Horilka, A study on alcohol and violence among undergraduate students of anambra state university shows that both male and female students consume alcohol such as Beer, Wine, Hot drinks, Palm wine, Native hot, drinks, raffia palm, Smirnoff-ice (Obikeze & Obi, 2013).Knowledge of Health Effects and Substance Use among Students of Tertiary Institutions in Southwestern, Nigeria showed that Beer/Guinness intake was 62%, Hot drinks (Dry Gin, Whisky) was 40.7% ,Palm wine 62.6% while Locally brewed Gin 28.9% and Energy Drink 49.2% (Awosusi & Adegboyega, 2013). To corroborate this findings Odejide and colleagues (1987) conducted a study of the drinking practices among students approximately in Ibadan and Abeokuta, two major cities located in western Nigeria. Of the two cities, Ibadan is more industrialized. The study yielded the following results: Alcohol consumption among the students was significantly higher in Ibadan than in Abeokuta and Palm wine was the preferred drink in both cities among the students, trending closely also is beer (Bada & Adebiyi, 2014). Students' preference for palm wine may be associated with its lower alcohol content, access, relatively lower price, popularity as local beverage and socio-cultural importance. Above all, palm wine is generally considered as cool or soft drink; while others are regarded as hot or hard beverage (Dimelu & Igbokwe, 2011). But since the recent arrival of western factory-made drinks, beer has become the most popular alcoholic drink among young people in the country, but traditional beverages (palm wine, burukutu, ogogoro, pito) are still widely consumed in both rural and urban area.

2.2.1   Common Traditional Alcoholic Beverages in Nigeria

Beer: Beer has been widely consumed from time immemorial by the consumers around Nigeria and among young people in particular for several reasons like relaxants and euphoric effect, recreational purposes, for artistic inspiration as aphrodisiac and so forth of beer consumers**.** The company's leading products are Star beer, Guiness, Gulder, Heineken beer and Extra Smooth.

Burukutu: Burukutu is the most popular alcoholic beverage in the rural areas of northern Nigeria and in poor urban neighbourhoods as well in Ibadan region due to its affordability compared to commercially brewed beer. It is a popular alcoholic beverage of a vinegar-like flavour prepared from sorghum grains and fermented guinea corn. Overwhelmingly, women are the main producers of burukutu. It ranges in alcohol content from 3–6% and often consumed as food because it is thick and heavy.

Palm wine: This is the whitish sap collected in vessels attached to the base of palm tree from where some leaves have been removed. It is to southern Nigerians what burukutu is to northerners. Fresh wine from these sources is sweet and contains little alcohol but, with fermentation, the alcohol content increases in time. In general, palm wine, which has an alcohol content of 3–6%, is also widely consumed in the Ibadan region of Nigeria. The main alcoholic beverages produced and consumed by the Tiv people of Central Nigeria are tashiandityo, also known as palm wine. Both alcoholic beverages contain nutrients rich in vitamins such as B and C found in ityo and complex carbohydrates in tashi. Akpetashi, a native gin, is distilled from tashi.

Pito- This is the traditional beverage of the Binis in the mid-western part of Nigeria. It is now very popularly consumed throughout Nigeria owing to its low price. Prepared from cereal grains (maize, sorghum or a combination of both), pito is a dark brown liquid which varies in taste from sweet to bitter. It contains lactic acid, sugars, amino acids and has an alcohol content of 3%.

Emu- This is produced from sugary palm saps. The most frequently tapped palms are raphia palms and the oil palm. It has an alcoholic content of around 5%.

Ogogoro (also known as kinkana and apetesi)- This is a gin-like drink distilled from oil or raffia palm wine. In Nigeria, distillation takes place in small sheds dotted along the coastal areas and in villages across the South. The end product is a clear liquid with alcohol content often higher than 40%.

In the rural town of Igbo-Ora, guinea corn is malted and fermented to produce oti baba or oti'ka, with babaandka being local names for the corn. There is also agadangidi, a fermented beverage made from mashed ripe plantain, fresh chili peppers and water.

2.3   Alcohol Use and Misuse Among Young People in Tertiary Institutions

Although alcohol has been part of our culture for centuries and many people use it sensibly, its misuse has become a serious and worsening public health problem. The misuse of alcohol, whether as chronically heavy drinking, binge-drinking or even moderate drinking in inappropriate circumstances (eg. Operating machinery, on medication) not only poses a threat to the health and wellbeing of the drinker, but also to family, friends, communities and wider society through such problems as crime, anti-social behaviour and loss of productivity. It is also directly linked to a range of health issues such as high blood pressure, mental ill-health, accidental injury, violence, liver disease and sexually transmitted infection (WHO 2004)**.**

According to WHO (2007) research has shown that intoxication and heavy drinking is common among young adults and teenagers all over the world but there is a likelihood of an increase in hazardous drinking among youths in tertiary institution. The process of socialization plays a huge role in determining whether youths will engage in alcohol use. Socialization is done through schools, society, family, advertising, and peers and so on and it creates negative or positive perceptions of drugs. Therefore, young people are more likely to drink alcohol if their parents are less strict, if they have a close relative or friend who drinks, if the commodity is easily available in the home and if they expect positive results from drinking alcohol. The producers of alcohol have made a variety of drinks that are appealing to youths like some that are sweeter and others that are stronger (Mistral, 2013).

A lot of researches have been done on alcohol beverage consumption among tertiary students. Recently, it was reported that 54% of Irish adults reported hazardous alcohol consumption (HAC). University students represent a unique subsection of society. In this environment, there is a culture of alcohol use and misuse(Davoren, Shiely, Byrne, & Perry, 2015).College students who use alcohol excessively experience numerous harmful consequences. However, the literature on the epidemiology of those consequences is of mixed quality. It is typically based on self-report methodology and is not as comprehensive or complete as might be wished. Evidence suggests that there is only a modest correlation between college students' self-perception of having a drinking problem and the many negative consequences of drinking that they report (Perkins, 2012).

Much of the substances use among youths takes place in schools (Okoza and Aluede, 2009). Hitherto, Hales (2007) observed that some undergraduate students drink more often and more

dangerously than young people of their age who are not in college. The emergence and the increasing rate of substances use were first discovered in the developed world (Sue, Sue and Sue, 2006). However, developing countries seem to be witnessing increase in the occurrence of substances use especially among students of tertiary institutions.

In Nigeria, psychoactive substance misuse especially alcohol for many years has been an issue of increasing health and social importance. This is especially so for the critical adolescent period marked by several changes including the psychological phenomenon of experimentation(Chikere & Mayowa, 2011). Studies carried out in the last decade in Nigeria shows there is no doubt that the use of substances is prevalent in Nigeria (James &Omoregba, 2013). Also, the findings of Yusuf (2010) supported the assertion that substances use is common among undergraduate students in Nigeria, that many students consume substances such as alcohol and tobacco. In the same vein, Yusuf (2010) reported that 84 students from Osun State tertiary institutions were caught using illicit substances in 2009 by the National Drug Law Enforcement Agency (NDLEA). Similarly, two undergraduates were arrested at Muritala Mohammed International Airport in Nigeria while attempting to import about 1.370kg and 1.6 kg of cocaine (Adio, 2011 &OsaOkunbor, 2011).

Majority of substances use among youth starts in the school as adolescents tend to follow a particular pattern of involvement with drugs (Igwe, et al. 2009). The first substances an adolescent uses may be one that is legal for adults such as tobacco or alcohol. The next stage is often experimentation with marijuana. Marijuana is the most widely used illicit substance globally (Shaul, Bernard, Kwame, Tony & George, 2013), while the most common substances used by undergraduates were alcohol and tobacco (Bello &Owoaje, 2010). Excessive use of potentially addictive substances such as alcohol consumption has health and social consequences via intoxication (drunkenness), dependence (habitual, compulsive and long-term drinking), and other biochemical effects. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable one at a relatively young age, resulting in the loss of many years of life to death or disability(Chikere & Mayowa, 2011)

A growing number of social problems are associated with the use of alcohol and other substances. Often, the effect is not limited to the individual but also to families, friends, colleagues and society at large. There is need to recognize that the health of youth represents a critical component for health of future generation and of health development in general.

Both the current and future health of young people depends very much on their own choices, action and behavior. Everybody is aware of the extent of the health problems of youth; these include accidental injuries, maturity, abuse of alcohol and other drugs. There is a need therefore for healthy development among young people in both developed and developing countries which includes Nigeria.

Another concern is the high rate of unemployment among young people in Nigeria, as well as its consequences for health and integration into society. Young people are beginning to drink alcoholic beverages at early age. Such factors as poor interpersonal relationship at home, school and heavy drinking by parents are often associated with alcohol use as are peer pressure. Alcohol producers work hand in hand with media to influence young people to take up drinking. Furthermore, the use of sort idols and personalities in alcohol advertisement gives false appearance of being sophisticated and thus tempts young people especially those in tertiary institution to use alcohol (Leketa, Dreyer &Nkondo, 2013).

2.4   Determinants of Alcohol Consumption Among Students in Tertiary Institutions

Alcohol use and abuse is a global practice with several causes of varying origins. Any incidence of alcohol abuse can be linked to either a precipitating or maintaining factors.The former factor refers to the initial and, normally, reasonable excuse for substance use, while the latter represents reasons for maintaining the use of drugs and alcohol which marks or leads to physical or psychological dependence on drugs or alcohol consumption (Hempill, et al. 2011; Arteaga, et al. 2010).) .

There is no simple cause of alcohol abuse. Must alcohol users started drinking alcohol as adolescents. Reasons for alcohol and drug abused are complex. Reports noted that youth today misuse or abused drugs because of so many reasons among which include availability of the drugs, social pressure, peer pressure, curiosity or experimentation, to rebel against constituted authority, for frustration, expression of maturity, vulnerable personality, sleep inducing, to increase work output, search for identity, religious obligations, rejection of society, ignorance of the implications of abuse, etc. (Goldberg, 2012).

2.4.1 Experimentation/curiosity

Adolescence is a period of transition from childhood to adulthood and this critical developmental period is marked by several physical, psychological and social changes. Adolescents are a segment of population with age range between 14-25years. Most

undergraduates in the university in Nigeria are usually within the adolescent age range of 14-25 years (Olugbenga&Abodurin, 2009). Adolescence is a time of experimentation, exploration, curiosity and identity search. Part of such a quest involves some risk-taking, including the use and abuse of psychoactive substances, which are the drugs that exert their major effects on the brain resulting in sedation, stimulation or change in mood of an individual (Oliha, 2014).

Personality characteristics associated with youth substance misuse include, low self-confidence or esteem, un-assertiveness, problems with inter-personal relationships, sexual promiscuity and poor decision making skills (Pumariega, et al. 2004). It is perceived that many young people and adults use substances in ways that could be viewed as self-medicating for symptoms of anxiety, shyness, physical and/or emotional pain associated with childhood trauma or sexual abuse (Clinical digest, 2012; Kyle, et al. 2011). The co-morbidity of substance use and other mental health disorders is highlighted by Kirby, et al. (2008) indicating strong correlation between substance use, suicide, depression, antisocial behaviour, school dropout, and poor educational attainment. An Irish report by the National Suicide Research Foundation (2012), highlights the role of alcohol and drugs in relation to suicide and recommends strategies to reduce access and increase awareness especially among pre-adolescents.

2.4.2   Peer Group Influence

Experimentation with substances is seldom a solitary event and is usually associated with peer group setting (Calfat, et al. 2011).Many young personsstart to use drugs through the influence of their friends. Such persons continue to use drugs in order to fit into the group. This practices is particularly common among students, interaction with a member of peer group who engages in drug influences all the group members because of the socio-cultural process, in which experienced users essentially "teach" new users what to anticipate, how to interpret the effects, what effects to enjoy and what effect to reinforce(Munyua, Ed, Nyaga, Oundo, & Ed, 2014).Study points out 63% students were introduced to alcohol consumption by friends and course mates(Chineke, Diwe, & Emerole, 2014). Furthermore, Arteaga, et al. (2010) identify that fear of social isolation and peer rejection has a significant influence on drug and alcohol use by young people especially in circumstances where substance misuse is normative within youth culture.

2.4.3   Social and Environmental Influence

It is generally accepted that environmental factors have a significant influence in determining a young person's initiation and progression in relation to substance misuse. Also, community adversity, poverty and unemployment are considered the most substantial contextual factors associated with substance misuse (Hempill, et al. 2011; Arteaga, et al. 2010). A study that assess the Interpersonal Factors as Correlates of Alcohol Use among Secondary School Adolescents in Oyo State, Nigeria found that prediction of alcohol use was neighbourhood influence. The predictive effect of neighbourhood influence may have been brought about through the channels of local organization, information, social control, residents' consensus on conventional norms, peer delinquency group, helping social networks and parents' characteristics. Again the participants in this study may have been influenced in their drinking habit as a result of residing in a disadvantaged neighbourhood (Adeyemo, 2007). The study concluded that Community rehabilitation counseling centres would need to be established where they do not exist and further equipped and empowered where they are available. Realizing that majority of adolescents are in schools, there is need to strengthened the provision of counseling services in schools, hospitals and rehabilitation centres to minister unto the counseling needs of adolescents' alcoholics.

2.4.4   Family Influence

Family factors are important predictors of young people substance use more generally. Parenting practices including lack of parent-child closeness, weak or excessive control, inconsistent discipline and ineffective monitoring are positively associated with substance use (Makanjuola et al., 2014).There is also a strong body of evidence that families who have strong moral, religious or spiritual beliefs help to inhibit or delay young people's engagement with alcohol or drugs in most cultures (Makanjuola et al., 2014). Participants from polygamous homes and dysfunctional families were found to be taking alcohol currently, more than those from monogamous and/or stable families in a study carried out among tertiary students in Abuja, Nigeria(Eze & Uzoeghe, 2015). Another study among students of Federal University of Technology, Minna found higher rates of alcohol use in general among students from polygamous, unstable or broken homes than those from monogamous or stable homes with cordial family relationship (Essien, 2010). It is easily appreciated that children from monogamous and stable homes are likely to receive more care and attention than those from polygamous and dysfunctional homes who are exposed to diverse influences.

Low, et al. (2012), focusing on social processes in sibling relationships, revealed that older siblings‟ influence on younger siblings substance misuse may function at either direct or indirect levels, through role modelling or through providing access to substances and that collusion between siblings allows for practicing and normalization of deviant behaviour. The role of sibling relationships is perceived to exert greatest influence within single parent or re-constituted families especially in terms of emotional/social adjustment (Feinberg, et al. 2012; Becona, et al. 2012). The first report from a national longitudinal study of children growing up in Ireland, tracking the lives of 8,500 children revealed that children in single parent families are at greater risk of experiencing drug taking or alcoholism (Williams, et al. 2009). In contrast Becona, et al, (2012) propose that children in re-constituted families without marriage are at greatest risk in terms of engaging in substance misuse. Regardless of family structure all studies emphasis the need for parental co-operation in monitoring and supervising children as well as having expectations and establishing boundaries.

2.5   Outcome of Alcohol Intervention Programmes in Tertiary Institutions

A variety of measures have been implemented around the world to limit drinking among young people. Yet how best to reduce risks among this population remains, at best, uncertain. No single strategy has been shown to be successful in all settings, and combined initiatives targeting particular behaviors or aspects of drinking may be a more useful approach. Prevention and intervention measures range from limiting young people's access to alcohol (e.g., through drinking age laws) to educating them about drinking patterns, outcomes, and coping skills. Approaches also differ with regard to the desired end goal, in some cases, complete abstinence to encouraging responsible consumption and minimizing risk (ICAP, 2014). The World Health Organization (WHO) has been providing assistance in the systematic collection of this information and meaningful utilization of these data in prevention treatment programmes for some years. These publications reviewed alcohol and substance use epidemiology methods in general and that use of these methods in some specific populations. They described how these methods can be used to collect information necessary for the planning, implementation and evaluation of prevention and treatment programmes (WHO, 2014).

Many countries where alcohol consumption is legal mandate a threshold age at which buying or drinking alcohol becomes permitted. There is no universal agreement, however, on the exact age when alcohol consumption is considered appropriate. Legislation tends to reflect

the prevailing cultural attitudes toward alcohol and drinking by young people (Carpenter &Dobkin, 2011). Globally, alcohol producers often frown at strict measures to regulate the production and marketing of alcohol through legislation due to economic interest (Miller et al, 2010). They often claim that restriction will reduce sales which will result in job loss. They solicit for self-regulatory 'responsible drinking', but this has been revealed to be highly ineffective in controlling alcohol misuse (Bakke &Endal, 2010).

In developed societies, targeted interventions have been developed to ensure that risk for harm is minimized for young people who drink. Drink-drive laws in a number of countries set a more stringent standard for permissible blood alcohol content (BAC) for individuals under the legal drinking age. Similarly, in some countries young people are issued graduated driver's licenses that may restrict the hours during which they are permitted to drive. In some jurisdictions, individuals must display identification with proof of age for admission into certain establishments or to be served beverage alcohol. Where beverage alcohol is served or sold, training staff to deal with young people can also help reduce the risk for harm. Severs and retailers may be trained to request age identification, and such IDs may also be mandated by law (ICAP, 2014)

Although Nigeria and many other African countries contribute to the global burden of alcohol-related problems due to increasing harmful use, only a few countries within Africa have policies to regulate alcohol use and misuse. Even those that have policies, the vested interest, which affects not just Africa, but the other part of the world (Babor et al, 2010; Bakke &Endal, 2010; Miller et al, 2011) can render policy ineffective and subject to misuse. Alcohol policies do exist in South Africa, although a move to ensure that alcoholic beverages carry warning labels did not come to fruition until 2009 (Parry, 2010). Since then, it has become mandatory for alcohol products to carry at least ''one of the seven health messages and be at least one-eighth of the total size of the container label''. Alcohol policies also exist in Botswana. Stringent measures were recently introduced, one of which involves an increase in the liquor levy, in an attempt to regulate alcohol in that country (Pitso&Obot, 2011). The unique aspect of this policy is that the revenue from the liquor levy is used in programmes that are channelled toward reducing abuse of alcohol by empowering the youths economically. This measure is aimed at helping youths who drink due to idleness to become meaningfully engaged in other activities. Another part of the policy is to regulate further, the activities of alcohol producers (Pitso&Obot, 2011). Other African countries that have policies

are Lesotho, Malawi and Uganda (Bakke &Endal, 2010) and the most recent is Kenya (Obot, 2012).

In Nigeria, there is the absence of alcohol policy in Nigeria. Nigeria had a delegate at the World Health Assembly's meeting that adopted the 10-point resolution for countries without an alcohol policy to adopt and formulation policies (Chick, 2011), yet has eschewed any initiative towards formulating policies that will regulate alcohol sales and consumption. In Nigeria, there is no policy to regulate the production, marketing, advertising and availability of alcohol that are giving rise to the changing patterns of alcohol consumption especially among the tertiary institution youth. The country relies on the 'self-regulatory' drink responsibly campaign by brewers. This campaign is never comprehensive because it involves awareness programmes via posters (Obot, 2007), seminars and placards to disseminate information that recommends moderate drinking rather than abstinence. This campaign can arguably be regarded as an advertisement and public relations to boost the image of the brewers rather than anti-drinking. In order to attract more youths, brewers sponsor a variety of social events, including campus blast, Star Trek, Star Quest, Heineken Champions League viewing centres (by NB Plc.), Guilder Ultimate Search, etc. This arguably is one of the reasons why industrial beer has become the most preferred alcoholic drink in Nigeria. A unique feature of these events is that youthfulness is a criterion for registration and participation. Winners may go home with new cars, cash (in millions) and in most cases, a musical record deal. These events that run over the course of several months are often held in main cities in Nigeria. Other features of the events are that they are mainly night events and youths are admitted freely or with minimal payment. In these events, young people (including those that are below 18 years) attend and in most cases offered free drinks or at reduced prices. These events receive wide coverage by the media including the government-owned media and some of them are staged in government properties such as the stadium and the national theatre. The implication of this is that these producers are not just encouraging alcohol initiation, use and misuse, but are also nurturing future patrons as alcohol consumption is portrayed in a positive light (Dumbili, 2013).

In conclusion, although alcohol use and abuse in schools is a problem that adversely affects students' physiological, psychological, emotional and mental mechanism, which, in turn, affect their academic progress, perhaps no comprehensive strategies have been devised either by school authorities or any other superior authorities to tackle it. This may be responsible for the persistent and widespread incidence of this abuse in schools. It may also be linked to the

frequent violent demonstration, cultism and other antisocial behaviours by students. Thus, for meaningful and peaceful learning atmosphere to prevail, the problem of alcohol abuse in school needs to be controlled, hence, the need for a multi-disciplinary perspective in the management and control of the alcohol use and abuse problem, and also in counseling the most vulnerable group, i.e the youth. Since the problem of alcohol and drug use abuse in schools is largely a problem among the student population, the support of the students themselves has to be enlisted in controlling, preventing or eliminating the problem among them. The more students are involved in anti-alcohol abuses efforts; the more they would be able to use their creative potential toward solving the problem. Thus, the school authorities and others members of the school community can use the registered, societies, clubs, associations, unions, organizations and other students groups to propagate anti-alcohol abuse messages.

2.6 Knowledge of Health Effects of Alcohol Abuse Among Students in Tertiary Institutions.

Harmful alcohol use is common amongst younger people: Alcohol consumption causes death and disability relatively early in life. In the age group 20 – 39 years approximately 25 % of the total deaths are alcohol-attributable (WHO, 2015). Alcohol consumption has health and social consequences via intoxication (drunkenness), dependence (habitual, compulsive and long-term drinking), and other biochemical effects. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable one at a relatively young age, resulting in the loss of many years of life to death or disability. Alcohol is estimated to cause about 20-30% worldwide disease of oesophageal cancer, liver cancer, cirrhosis of the liver, homicide, epilepsy, and motor vehicle accidents (Chikere & Mayowa, 2011).

In general, alcohol abuse is the result of interaction among the individual, the substance, and the environment. Knowledge and attitude of the individual toward the alcohol and the alcohol effect is effective in its abuse. Transition from childhood to adolescence is a delicate period and in many cases the initiating of drug abuse occurs in this period. The adolescents may abuse substances due to various reasons. Some reasons to mention are lack of adequate knowledge about the harmful effects of the substances. In a study conducted by Sotos et al., 2015 assessing 1060 nursing students to ascertained their level of knowledge about excessive alcohol consumption. The concept of hazardous drinker was known by only 24.1% of students and the method of quantifying alcohol consumption by only 3.1%. This reported

knowledge is extremely low conscious of the social problem alcohol is generating among the young people. In a study in eastern part of Nigeria, similar trend was reported among young people. The study was designed to find out secondary school students knowledge of the dangers associated with Alcohol, Tobacco, and Marijuana. Students do not know much about the dangers associated with alcohol, as the students are aware of only four out of the ten dangers associated with alcohol presented to them. It concluded that lack of this necessary knowledge; one could see the reason why they are seriously engaged in alcohol intake (Nwankwo, Obi, Obi, & Ikechukwu, 2013).

A recent European study, the PROTECT project, which assessed young people's attitudes and knowledge about alcohol and alcohol labels, showed that young people's awareness of the health consequences associated with alcohol was quite limited. The participants in the focus groups conducted as part of the project were mostly aware of short term risks such as road accidents, comas or unwanted sex, but very few had any knowledge about the different conditions caused by alcohol. Participants were surprised by the link between alcohol and breast cancer or brain damage and many showed a genuine interest in being informed about these issues (Eurocare, 2011). Long-term drinking can result in permanent brain damage, serious mental health problems and alcohol dependence or alcoholism. Also alcohol is the second biggest risk factor for cancers of the mouth and throat (smoking is the biggest). People who develop cirrhosis of the liver (often caused by too much alcohol) can develop liver cancer. Contrary to these studies, a high percentage of students in tertiary institution in southern part of Nigeria reported having knowledge about the physical, psychological and social health effects of substances used. The leading health effects of substance use as indicated by the respondents include liver damage (93.3%); disease of the lungs (93.3%) and headache (91.2%) for physical health effects. Similarly, more than 75% of the respondents recognised the psychological and social health consequences of substances used(Awosusi & Adegboyega, 2013). population based cross-sectional study conducted in two high schools of West Bengal, India, among 416 students, in classes VIII, IX, and X, with no interventions reveal that Level of knowledge on harmfulness of substance use among students was very high (urban-84.6% and rural-61.5%) and they stated media as the most frequent source of information (Tsering, Pal, & Dasgupta, 2010). This cannot be said to be encouraging as Raute, et. al, (2011) reported that despite a fairly high level of awareness of health effects from smokeless tobacco and alcohol use in Maharashtra and Bihar, the majority of users had no intention to quit.

Moreover, various scholars have posited on the relationship between the level of awareness of substances use and the rate of consumption among students. For example, Shafiq, M., Shah, Z., Saleem, A., Siddiqi,M.T.,Shaikh, K.S. Salahuddin, F.F., Siwani, R & Naqvi, H. (2006) discovered that the greater the knowledge of harmful effects of substance use the lesser the consumption (Awosusi & Adegboyega, 2013). Responses to these specific pieces of information suggest that heath awareness campaigns, such as health information labels, that were aimed at increasing awareness of the direct health consequences of alcohol could be expected to affect drinking behaviours over time (Ecocare, 2011)

2.7   Conceptual Framework

2.7.1   THE PRECEDE FRAMEWORK

This outlines and describes the antecedent factors that influence behaviours. These factors are: Predisposing factors, Enabling factors and Reinforcing factors.

Predisposing factors: These are the antecedents to behaviour that provide rationale for the behaviour. They are knowledge, values, beliefs, attitudes, perceptions, norms, and behavioural intensions. It is well documented that most youths do not have enough knowledge on risks associated with alcohol consumption. Other predisposing factors found among tertiary students are Peer pressure, perception, and attitude towards alcohol consumption. Predisposing factors have the potential to influence the decisions people take about their health and their given health behaviour. They do this by either encouraging the behaviour or by inhibiting the behaviour from occurring.

Enabling factors: These factors are also antecedents to behaviour because they also influence the realization of motives, aspirations and decision. These include availability and accessibility of alcohol to students, laws, advertisements on alcohol in the country.

Reinforcing factors: These comprise of the feedback or influence of significant orders or people that influence the continuance or discontinuance of a particular behaviour. Examples of these factors include pressure from peers, family, media and policy makers. They are also factors subsequent to behaviour that provide perpetual rewards or incentives for the behaviour and contribute to its persistence or extraction.

THE PRECEDE FRAMEWORK

Predisposing factors

Age, social class,

Peer pressure, knowledge perception, Attitudes & belief about alcohol use and associated diseases

Enabling factors

Availability, Accessibility, Laws, Advertisements

Reinforcing factors

Positive or negative behavior from peers, family, friends and other people of significant orders

Behavioural diagnosis

Alcohol management programs and policies

Epidemiological diagnosis

Reduction in major health and social problems attributed to alcohol abuse e.g brain and liver damage and domestic violence and family problems.

Quality of life diagnosis

Enhanced individual, family and community life
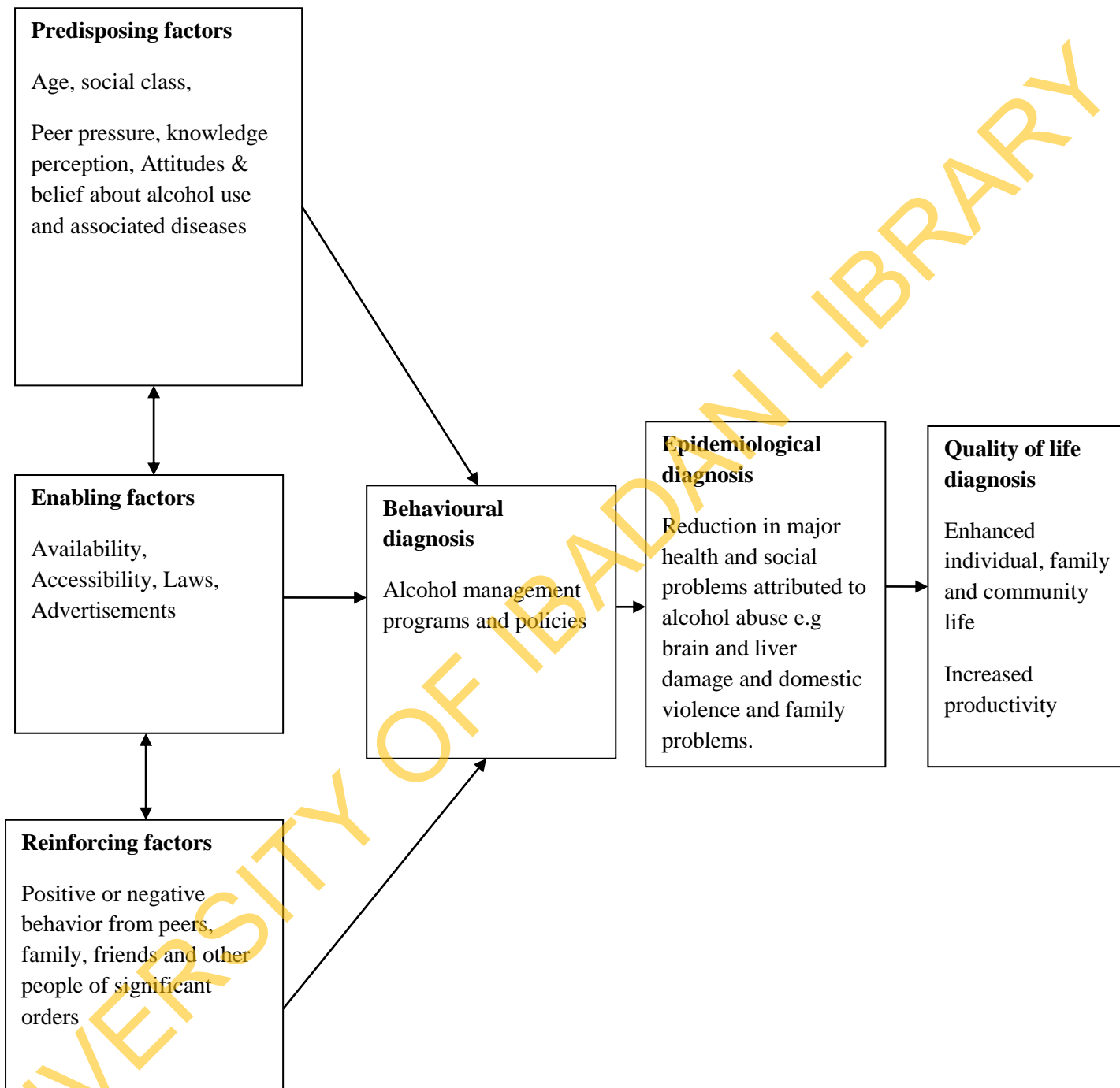
Increased productivity

Figure 2.7.1: The PRECEDE Model Adapted to suit the study

CHAPTER THREE

METHODOLOGY

3.1. Research Design

A descriptive cross-sectional design was used in collecting information on prevalence, pattern and knowledge of alcohol use risks among students of The Polytechnic, Ibadan, Oyo State. The scope of the study was limited to gathering data from randomly selected students.

3.2. Description of the Study Area

The study was carried out at The Polytechnic, Ibadan, Oyo State. The institution was established in 1970 as a successor to the erstwhile Technical College, Ibadan under the provision of a principal edict cited as 'The Polytechnic, Ibadan Edict 1970'. The Edict has undergone several amendments in order to make the institution relevant to the present day needs of prospective students and Oyo state. The institution is located at Sango area in Ibadan North Local Government Area of the state.

The primary function of The Polytechnic is to provide students with training and development of techniques in applied science, engineering, commerce and environmental science. Since the inaugural 1975/76 academic session, The Polytechnic, Ibadan has been operating the Faculty system for easier co-ordination and management. At present, there are five faculties with a population of over 19000 students. The five faculties are: Engineering, Environmental Studies, Science, Business and Communication Studies, and Financial and Management Studies. The Faculties run National and Higher National Diplomas both part time and full time. The Polytechnic main campus has at present four Halls of Residence with a total capacity of nearly 4000. The Halls are: Unity Hall (North Campus), Ramat Hall (North Campus), Orisun Hall (South Campus), Olori Hall (Female Hostel). Only bonafide registered full time students of the polytechnic are allowed to live in the Halls of residence.

The Polytechnic has rules and regulations that guide students' sexual and social activities on campus. Visitors of the opposite sex can be received in the common room only and not in the student bedroom (Students' Information Handbook, The Polytechnic Ibadan, 2010). There is no existing school policy guiding against alcohol consumption by the students. Moreso, the students of Ibadan polytechnic are socially active. The students are actively involved in activities such as student union election week, hall of residence day, campus jams, and departmental week. Also, some of the students belong to a social drinking club called

"Kegite". Although, there is no sale of alcohol in the school premises. Alcohol mortality and morbidity among the students was not reported as of the time of enquiry.

3.3. Study Population

The populations for this study were students of the Polytechnic, Ibadan main campus, admitted for the academic programmes of the institution.

3.4. Inclusion Criteria

Students of the Polytechnic Ibadan currently running a full time National Diploma and Higher National Diploma will be involved in the study.

3.5. Exclusion Criteria

This study excluded students from other institutions within Ibadan. Also, individuals within the polytechnic who are not students of the polytechnic were excluded.

3.6. Determination of Sample Size

The sample size (n) was determined using descriptive formula:

$$n= \frac{Z^2 \, p \, (1-p)}{d^2} \quad \text{(Araoye, 2004)}$$

Where n= minimum sample size required

Z= confidence limit of survey at 95% (1.96)

P= proportion of alcohol consumption is assumed to be 50%. This gives a p of 0.50.

d= absolute deviation from true value (degree of accuracy) =5% =0.05

$$n= \frac{1.96^2 \times 0.50 \times (1 - 0.50)}{0.05^2} = 384.16$$

A non-response rate of 10% of 384 was added to the sample size to address possible cases of loss and rejection of questionnaires due to filling.

$\underline{384x10}$ = 38.4 =   this will be approximated to 38

100

Therefore, the minimum sample size estimate for the study will be 384+38 =422

However, to increase the rate at which the results of the study could be generalized and inferred on the study population, the sample size was rounded up to 425. After data sorting and cleaning only 394 questionnaires were valid and analyzed.

3.7. Sampling Procedure

Quantitative:

This study employed a multi-stage sampling technique

First stage, the institution was stratified into faculties. Since there are five faculties, all the faculties were selected.

In the second phase, five faculties (Faculty of Engineering, FENC, Faculty of Business and Communication Studies, FBCS, Faculty of Science, FBC, Faculty of Environmental Studies, FES, Faculty of Financial Management Studies, FFMS) were stratified into departments.

In the third stage, four departments each were randomly selected from each faculty using simple random sampling.

In the fourth phase, students were stratified based on year of study. Students from each year of study were selected proportionally to their population size. Then, simple random sampling technique was applied to select individuals in each year of study from in their respective batch present in their class at the time of study.

22 participants from each department was selected. This technique was chosen so that the 394 respondents will be a representation of the institution.

3.8. Instruments for Data Collection

3.8.1   Focus Group Discussion Guide

A Focus Group Discussion guide was developed which explored general view of the students on alcohol, use of alcohol, knowledge on health effect of alcohol use, the factor that

influences use of alcohol (role of parents and peers on alcohol use), advice on how to improve students drinking behaviour.

3.8.2 Questionnaire

A self- administered semi- structured questionnaire was developed from existing literatures on Prevalence, Pattern and Determinants of Alcohol Consumption. The questionnaire was adapted from World Health Organization (WHO) Questionnaire for Student Drug use Surveys will consist of 5 sections each containing the following:

Section A: Socio Demographic Characteristics of Respondents

Section B: Knowledge of health effects and alcohol use

Section C: Alcohol Consumption (Prevalence & Pattern of Alcohol Consumption)

Section D: Determinants of Alcohol Consumption

Section E: Recommendation to improve students drinking behavior

3.9. Validity of the Research Instrument

The validity of the instrument was ensured by consulting relevant literatures to develop a draft questionnaire. This was subjected to peer and expert reviews, and thereafter supervisor review. After pretest, any errors (systematic or otherwise) in the structure of the questionnaire were corrected before the final questionnaire was produced and employed for the research.

3.10. Reliability of the Research Instrument

The reliability of the instrument was ensured by pretesting 10% the sample size using students of the University of Ibadan who have the same characteristics with the actual study participants. After collection of the questionnaires, the data were coded and entered into the Cronbach's Alpha test to determine the reliability coefficient. For this study, the result obtained was 0.702 which is greater than 0.5. This shows that the instrument has a high degree of reliability.

3.11. Data Collection Procedure

Qualitative

Four focus group discussions were conducted and each comprised an average of 8-10 participants. The participants (6-8) were selected within the institution based on their representation of the selected departments of the selected faculty, year of study and willingness to participate in the discussion. The researcher ensured that the participants represent the population of institution from each of the faculty (5 faculties) to enable the possibility of generalization of information gathered. The FGD was moderated by the researcher while another trained assistant was the recorder. Each FGD lasted about 45 minutes on the average.

Quantitative

Two research assistants were employed to administer and retrieve the questionnaires. They were adequately trained and mobilized for the exercise. The research assistants were given adequate information about the objectives of the research project, data collection process, sampling procedures and the content of the questionnaire to avoid probable mistakes that could affect the result the study. Eligible students were given an explanation about the purpose and objectives of the study before they were asked for consent and to fill in the questionnaire. Adequate supervision to the research assistants was ensured. The research assistants submitted the filled questionnaires on a daily basis.

3.12. Ethical Consideration

Ethical approval was requested and obtained from the Oyo State Ministry of Health Ethics Review Committee in the Local Government Area. Permission was gotten from concerned Departmental Head of The Polytechnic Ibadan prior to data collection from students. Also, the students were given full details concerning the research before being asked to take part in it so as to ensure that they fully understood the research. There was no coercion to participate and decision to participate was solely that of the students. In addition, written informed consent was obtained from the students prior to filling of the questionnaires. The privacy, confidentiality and anonymity of the research participants were ensured on the questionnaires used for data collection.

3.13. Confidentiality

To ensure anonymity and confidentiality of information provided by participant in this study, only serial numbers were used to identify respondents on questionnaires, and the data was strictly safeguarded. Information sharing was only among research team members.

3.14. Beneficence

The findings of this research shall be made available to Ibadan polytechnic. This will help in understanding the student's alcohol profile and also improve management of student's behavior.

3.15. Non-maleficence

The proposed research is relatively risk free without any invasive procedure or interventional activity.

3.16. Voluntariness

This study only involved individuals who showed complete willingness to participate and this will be based on attestation to the informed consent provided. Freedom to withdraw from the study at any stage is allowed for the participants.

3.17. Method of Data Management

1. All copies of administered questionnaires were checked for the purpose of completeness and accuracy. Thereafter, each questionnaire was assigned serial number for easy identification and for correct data entry and analysis.

2. Data was sorted and cleaned during and after collection daily to ensure that important variables are not missed by the respondents.

3. A coding guide was developed to code and enter the numbered questionnaire into the computer for statistical analysis.

3.18. Data Analysis

SPSS version 20 was used for data entry and analysis. Descriptive statistics (such as mean, standard deviation, and frequency) and inferential statistics (such as Chi-square, Fisher's exact test and logistic regression) was used to assess the distribution and association between the explanatory variable and dependent variable.

3.18.1 Knowledge on alcohol use risks.

A 19 points knowledge scores was used to score respondents' knowledge on alcohol use risks. A two point type scale was used for rating the knowledge. Data was assessed by assigning 1 point to each correct answer and zero point for incorrect answers. Respondents with 0-7 points were categorised as poor, those with 8-13 points were referred to as fair while those with 14-19 points were categorised as good.

3.18.2 Prevalence of alcohol intake

The prevalence of alcohol consumption for this study was assessed with dependent, categorical variables under the pattern of consumption section. These variables sought to know those respondents who had ever and were currently drinking alcohol.

3.18.3 Pattern of alcohol intake

Dependent variables such as the age in years the respondents first took their first alcohol, who introduced alcohol to them, who they usually drink alcohol with, how often they take the alcohol, where they got their source of fund to purchase alcohol, the place of supply and the most preferred alcohol drink, were used to determine the pattern of use of alcohol among respondents.

3.18.4 Determinants of alcohol consumption

Factors such as how respondents were brought up, history of alcohol intake among parents, impact of peers were checked against the prevalence of alcohol to determine what influences their use of alcohol.

CHAPTER FOUR

RESULTS

The findings from this study are presented in this section. They are organized into the following subsections:

- Socio demographic characteristics

- Knowledge on Alcohol Use

- Prevalence of Alcohol use

- Alcohol consumption by respondent (pattern and practice)

- Determinant of alcohol consumption

- Recommendation to curb alcohol consumption

4.0   Socio-demographic characteristics

The mean age of respondents was 22.46±3.54 with the range of 20-35 years. More (42.9%) respondents fell between 21 to 25 years age group. Most of the respondents (62.9%) were male and almost all the respondents (93.1%) and (96.7%) were Yoruba and Single respectively. A little below half (44.2%) of the respondents were in OND1 followed by HND1 (32.5%). Majority of the respondents (63.2%) live off campus, followed by (30.0%) that live on campus. This information is shown in table 4.1a

The prominent religion was Christianity (69.0%). A little above half (51.0%) have more than five children in their household, about one third (33.5%) of which are first born. Most of the respondents (75.9%) were from a nuclear family. Above half of the fathers of the respondents (58.4%) have tertiary education followed by secondary education (28.9%) with very few of them (9.4%) with primary education (as shown in table 4.1b).

Table 4.1c shows that a little below half of the mothers of the respondents (48.8%) have tertiary education followed by the 37.0% that had only secondary education. Of those respondents that were Muslims, the commonest denomination is the Ansaru-deen with (32.5%) followed by Tebliques (13.0%). Among those respondents that were Christian, about

a quarter (27.2%) attend CAC followed by Baptist (13.7%), Redeem (11.8%). This can be seen in table 4.1d.

Table 4.1a: Socio-demographic characteristics of the respondents (N=394)

Socio-demographic variable	Frequency	Percentage
Age (in years)		
20 years and below	142	36.0
21- 25 years	169	42.9
26-35 years	83	21.1
Sex		
Male	248	62.9
Female	146	37.1
Marital status		
Single	381	96.7
Married	13	3.3
Level of Study		
OND1	174	44.2
OND2	60	15.2
HND1	128	32.5
HND2	32	8.1
Ethnicity		
Yoruba	367	93.1
Igbo	3	0.8
Hausa	8	2.0
Others	16	4.1
Residence		
Campus	118	30.0
Off-campus	249	63.2
Living with parent	23	5.8
No response	4	1.0

Table 4.1b: Socio-demographic characteristics of the respondents (N=394)

Socio-demographic variable	Frequency	Percentage
Religion		
Christianity	272	69.0
Islam	122	31.0
Children in Household		
Four and below	181	46.0
More than five	201	51.0
No response	12	3.0
Birth rank		
First born	132	33.5
Second born	93	23.6
Third born	61	15.5
Other position	106	26.9
No response	2	0.5
Family Type		
Nuclear	299	75.9
Polygamous	89	22.6
Polyandry	1	0.2
No response	5	1.3
Father's Level of Education		
No Education	6	1.5
Primary	37	9.4
Secondary	114	28.9
Tertiary	230	58.4
No response	7	1.8

Table 4.1c: Socio-demographic characteristics of the respondents

Socio-demographic variable	Frequency	Percentage
Mother's level of education (N=387)		
No Education	19	4.9
Primary	36	9.3
Secondary	143	37.0
Tertiary	189	48.8
Islam Religion denomination (N=117)		
Teblique	15	13.0
Ansaru-deen	38	32.5
Nawair-udeen	6	5.1
Islamiyat	8	6.8
Ahamadiya	10	8.5
Quareeb	7	6.0
Kaomunasirudeen	1	0.8
Nasfat	17	14.5
MSSN	4	3.4
Awwaliyat	2	1.7
Al-sunna	3	2.6
Tijaniya	6	5.1

Table 4.1d: Socio-demographic characteristics of the respondents

Socio-demographic variable	Frequency	Percentage
Christian Religion denomination (N=261)		
CAC	71	27.2
Baptist	36	13.7
Redeem	31	11.8
Pentecostal	25	9.6
Anglican	14	5.4
Catholic	12	4.6
Celestial church	12	4.6
Mountain of fire	7	2.7
Winners	4	1.5
Gospel ministry	3	1.1
Gofamint	3	1.1
Four square	1	0.4
Christ liberty	1	0.4
Jesus army deliverance	1	0.4
VGC	1	0.4
New covenant church	1	0.4
Christ embassy	1	0.4
Interdenominational	1	0.4

4.1 Respondents knowledge on Alcohol Use risks

Table 4.2 show that more respondents (67.5%) disagreed that it is okay to drink. Some of them (57.6%) said alcohol consumption can result in headache, liver cirrhosis (59.9%), weight loss (64.0%), lung cancer (64.0%), high blood pressure (54.6%), shut down of brain level of judgement (57.6%), loss of concentration (83.0%).

Majority of the respondents (75.1%) agreed that alcohol can lead to increased aggressiveness while about 67.0% said alcohol can induce sleep disorder, 52.3% said alcohol disorder can result into restlessness. Majority of the respondents (68.0%) said alcohol intake can alter family relationship. A little above half (58.1%) said drinking alcohol can result to poor academic performance, unprotected premarital sex (57.4%).

Majority of the respondents (77.2%) said alcohol abuse can make one violent while about 59.1% reported that taking alcohol can gear one into cultism and majority of the respondents (73.6%) also agreed that alcohol consumption affect ones finances.

Less than half (44.1%) of the respondents had good knowledge while 35.2% had fair knowledge about the risks of alcohol use. About one quarter of the respondents (20.7%) had poor knowledge. This is reflected in figure 1. The mean knowledge score was 11.98±4.86. The minimum score was 0 while the maximum score was 19.

Table 4.2: Respondents' Knowledge of on Alcohol Use (N=394)

Knowledge variable	Yes (%)	No (%)	Don't know (%)
It is okay to drink alcohol	94(23.9%)	266(67.5%)	34(8.6%)
Alcohol consumption can result into headache	227(57.6%)	77(19.5%)	90(22.9%)
Liver cirrhosis is a disease caused by alcohol consumption	236(59.9%)	37(9.4%)	121(30.7)
Weight loss can be caused by intake of alcohol	252(64.0%)	75(19.0%)	67(17.0%)
Lung cancer is associated with alcohol intake	252(64.0%)	54(13.7%)	88(22.3%)
Alcohol intake is a predictor of high blood pressure	215(54.6%)	70(17.8%)	109(27.6%)
Alcohol shuts down brain level of judgment	227(57.6%)	96(24.4%)	71(18.0%)
Alcohol abuse can result to loss of concentration	327(83.0%)	38(9.6%)	29(7.4%)
Alcohol intake can lead to Increased aggressiveness	296(75.2%)	49(12.4%)	49(12.4%)
Alcohol consumption can induce sleep disorder	264(67.0%)	67(17.0%)	63(16.0%)
Alcohol withdrawal can results to restlessness/nervousness	206(52.3%)	108(27.3%)	80(20.4%)
Mental illness is associated with alcohol intake	241(61.2%)	89(22.6%)	64(16.2%)
Alcohol intake can alter family relationship	268(68.0%)	69(17.5%)	67(14.5%)
Drinking alcohol can result to poor academic performance	229(58.1%)	110(27.9%)	55(14.0%)
Alcohol abuse can lead one into robbery	174(44.2%)	157(39.8%)	63(16.0%)
Unprotected premarital sex can be caused by alcohol consumption	226(57.4%)	113(28.6%)	55(14.0%)
Alcohol abuse can make one violent	304(77.2%)	53(13.5%)	37(9.3%)
Taking alcohol can geared one into cultism	233(59.1%)	118(29.9%)	43(11.0%)

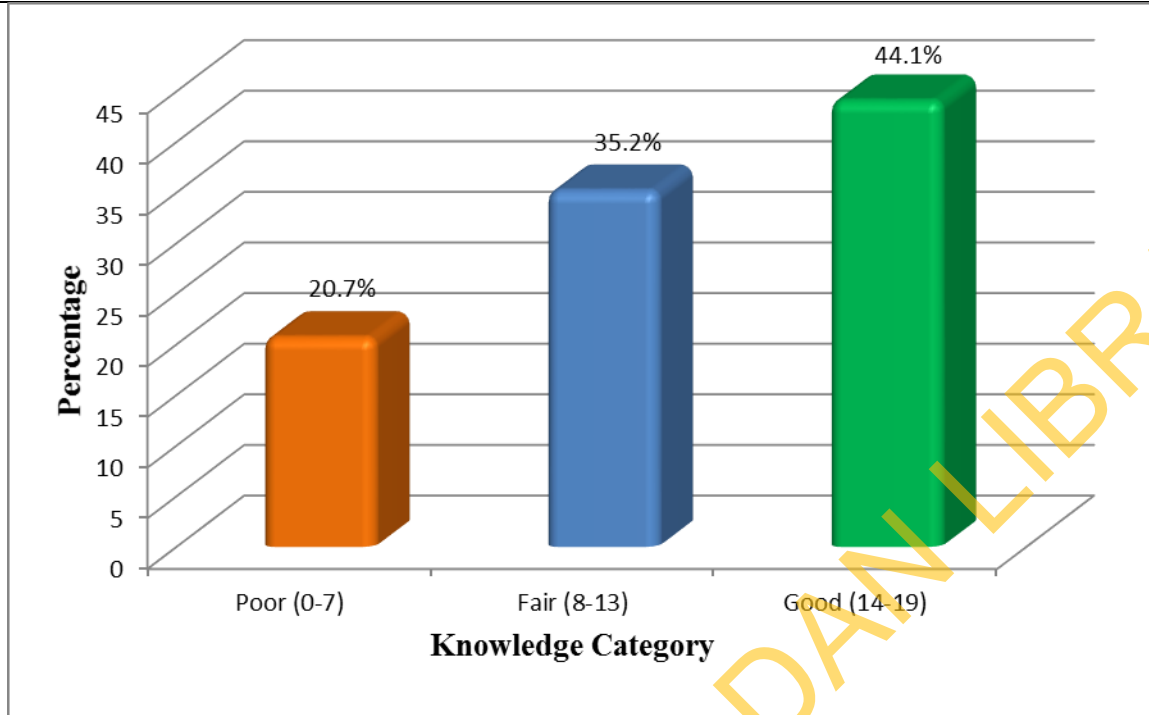Alcohol consumption affect ones finance   290(73.6%)   62(15.7%)   42(10.7%

Figure 1:   Knowledge category of respondent on alcohol use

4.3: Alcohol Consumption (Pattern and Practice) Among the Respondents

Table 4.3 shows that majority of the respondents (69.3%) had ever taken alcohol while 30.7% had never. For those who had ever taken alcohol, there were diverse reasons for taking alcohol at the first time. Some (38.5%) took alcohol due to their peers, while few 27.5%, 7.3% were influenced by their environment and parents respectively. Very few (8.8%) did not have reasons for taking alcohol whereas 5.9% took alcohol because of its affordability. About one third of the respondents (32.0%) currently drink alcohol while 68.0% do not drink alcohol currently. Of those who do not currently drink, 43.0% of them said they personally chose not to drink alcohol. One third of the respondents (34.3%) said it was due to their religious belief while 17.5% said it was because they are not healthy enough to be taking alcohol.

Table 4.4 shows that majority (70.7%) of the respondents that had ever taken alcohol took beer, 67.0% preferred red wine while 58.2% took fermented palm wine. Despite ever taken alcohol, majority 68.1% did not drink distilled. A little below half (46.5%) current drink red wine whereas majority 78.9%, 74.4% do not drink fermented palm wine and brandy respectively.

Less than half (44.7%) of those that are presently drinking alcohol first took alcohol between the ages of 16-20 years while 29.8% fall within the ages 21 years and above. The large majority of the respondents (58.2%) were introduced into drinking alcohol by friends while (12.4% and 11.7%) said they started drinking by their own personal interest and through family members respectively. Almost half of the respondents (43.6%) preferred to take alcoholic wine followed by beer (25.0%). More than one third of the respondents (34.1%) of the respondents get their supply of alcohol from joints/bar, followed by social events/birthday party (19.1%), club/hotel (12.4%) and friends (14.3%). This can be seen in table 4.5a

Table 4.5b shows that majority (68.2%) of the respondents reported that pocket money is the source of funds to buy alcohol. Most of the respondents (57.1%) drink alcohol with their close friends while very few some (11.7%) drink alone. Less than half (47.6%) of the respondents stated that they rarely take alcohol while a quarter (24.5%) of the respondents said they take alcohol 1-2 times a week. Most of the respondents (60.1%) admitted taking 1-2

bottles of alcohol in one sitting while (22.7%) said they take between 3-4 bottles in one sitting. When asked for the last time they drank alcoholic beverages, 33.0% of the respondents said yesterday, 16.1% said a week ago, 23.8% said last month while 7.3% of the respondents said a few hours ago.

More than half of the respondents (54.6%) take alcohol at night while some (16.5%) take alcohol both in the afternoon and night. More than a third of the respondents (33.0%) said they feel good when they get drunk while 25.2% said they feel high. About one-third of the respondents (39.2%) have gotten drunk before. When asked about how many bottles they consumed before getting drunk, 28.0% reported they get drunk after taking mixtures, 25.2% said after more than 5 bottles, 23.4% said after 3-4 bottles, 18.7% reported after 1-2 bottles while only 2.8% said less than a bottle. When asked for the reason for drinking, majority of the respondents (64.1%) said in order to have fun while little (4.8%) said in order to forget problem and very few (6.3%) said it is affordable. Almost all the respondents (92.3%) said they had never missed class because they were drunk (as seen in table 4.6)

Table 4.7 shows that most of the respondents (61.7%) reported that they plan to quit alcohol of which (30.4%) said because of their religious belief. Of the 34.3% that reported they were comfortable drinking alcohol, 26.6% stated that their reason was the fun they derive from alcohol use.

Table 4.3: History and Prevalence of Alcohol Consumption (394)

Variable	Frequency	Percentage
Ever taken Alcohol		
Yes	273	69.3
No	121	30.7
If yes, why? (N=273)		
Peer influence	105	38.5
Environment influence	75	27.5
No reason	24	8.8
Parental influence	20	7.3
Personal interest	18	6.5
Affordable	16	5.9
Family problem	4	1.5
Refreshment	4	1.5
Do not drink	2	0.7
Fun	2	0.7
Menstrual pain	2	0.7
To quench thirst	1	0.4
Do you currently drink alcohol?		
Yes	126	32.0
No	268	68.0
If no, why? (N=268)		
Choice	115	43.0
Religious belief	92	34.3
Unhealthy	47	17.5
Personal dislike	5	1.8
Against the law	4	1.5
Against my values and life ethics	3	1.1
Not part of me	1	0.4
It has no gain	1	0.4

Table 4.4: **Alcohol Beverages Ever and Currently Used by the Respondents (273)***

S/n	Substances	Ever used		Currently used	
		Yes	No	Yes	No
A	Beer	193(70.7)	80(29.3)	130(47.6)	143(52.4)
B	Chelsea	77(28.2)	196(71.8)	54(19.8)	87(75.5)
C	Red wine	183(67.0)	90(33.0)	127(46.5)	146(53.5)
D	Fermented Palm wine	159(58.2)	114(38.8)	99(36.3)	182(63.7)
E	Distilled spirit (Ogogoro, rum,)	77(28.2)	196(71.8)	58(21.1)	215(78.9)
F	Baby oku	87(31.9)	186(68.1)	64(23.4)	209(76.6)
G	Seamans	92(33.7)	181(63.3)	59(21.6)	214(78.4)
H	Fortified spirit (brandy)	99(36.3)	174(63.7)	70(25.6)	203(74.4)

*Multiple response questions

Table 4.5a: Pattern of Alcohol Consumption among the Respondents (273)

Variable	Frequency	Percentage
At what age(years) did you first drink alcohol		
4-8years	19	7.0
9-15years	52	19.0
16-20years	122	44.7
21years and above	80	29.3
Who introduced you into drinking Alcohol?		
Friends	159	58.2
Personal interest	34	12.4
Family member	32	11.7
Neighbours	21	7.7
Fellow students	16	5.9
Sickness	7	2.6
Television Advert	1	0.4
No response	3	1.1
Mostly preferred alcohol drink		
Wine	119	43.6
Beer	68	25.0
Smirnoff	29	10.6
Palm wine	14	5.1
Alomo bitters	13	4.8
Spirit(ogogoro)	7	2.6
Baby Oku	7	2.6
Local brew	6	2.2
Chelsea	2	0.7
Seaman	2	0.7
Black wood	2	0.7
Baileys	2	0.7
Hennessey	2	0.7
Where do you most times get your supply of Alcohol?		
School	14	5.1
House	39	14.3
Friends	39	14.3
Joints/bar	93	34.1
Club/hotel	34	12.4
Social Event/birthday party	52	19.1
No response	2	0.7

Table 4.5b: Pattern of Alcohol Consumption among the Respondents (N=273)

Variable	Frequency	Percentage
What is your source of funds to buy Alcohol		
Pocket money	186	68.2
Begging from friends	29	10.6
Personal Money	19	7.0
Parent under deceit	14	5.1
Mother's store	9	3.3
At occasion/party	6	2.2
Begging fellow alcohol drinker at place of sale	5	1.8
Book fees	3	1.1
School fees	2	0.7
Who do you drink Alcohol with?		
Close friends	156	57.1
School mates	40	14.7
Alone	32	11.7
Other family member	29	10.6
Acquaintances	16	5.9
How often do you Alcohol?		
Rarely	130	47.6
Daily	10	3.7
1-2times a week	67	24.5
3-4times a week	11	4.0
5-6times a week	7	2.6
Anytime Alcohol is available	48	17.6
How many bottles do you consume on one sitting		
Less than a cup	17	6.2
1-2 bottles	164	60.1
3-4 bottles	62	22.7
5-7 bottles	20	7.4
More than 7	5	1.8
Depends on mood	5	1.8
When was the Last time you drank alcohol beverage?		
A few hours ago	20	7.3
Yesterday	44	16.1
Weeks ago	54	19.8
Last month	65	23.8
Last year	90	33.0

Table 4.6:   Effects of Alcohol Consumption among the Respondents (N=273)

Variable	Frequency	Percentage
What time of the day do you usually drink		
Morning	7	2.5
Afternoon	32	11.7
Night	149	54.6
Morning and Afternoon	3	1.1
Morning, and Night	15	5.5
Afternoon and Night	45	16.5
Morning, afternoon and Night	22	8.1
How do you feel when you get drunk?		
Good	90	33.0
High	69	25.2
Happy	42	15.4
Drowsy	32	11.7
Uncomfortable	32	11.7
Indifferent	8	3.0
Have you ever got drunk?		
Yes	107	39.2
No	166	60.8
How many bottles do you consume before you get drunk(N=107)		
Less than a bottle	3	2.8
1-2 bottles	20	18.7
3-4 bottles	25	23.4
More than 5 bottles	27	25.2
Taking mixtures	30	28.0
No response	2	1.9
Why do you Drink?		
To please friends	13	4.8
To forget problem	31	11.3
To have fun	175	64.1
To overcome shyness, tension and anxiety	21	7.7
To be courageous	17	6.2
It is affordable	13	4.8
Herbal treatment/health reason	3	1.1
Have you missed class before because you were drunk?		
Yes	21	7.7
No	252	92.3
If yes, how many times?(N=15)		
Once	4	27.3
Twice	5	36.4
Four times	4	27.3
Five times	2	9.0

Table 4.7: Respondents' Decision on Use of Alcohol

Variable	Frequency	Percentage
Do you plan to quit alcohol?		
Yes	168	61.7
No	94	34.3
No response	11	4.0
If yes, Why?(N=168)		
Religious belief	51	30.4
Not good for my health	36	21.4
Personal reason (choice)	30	17.9
No longer interested	14	8.3
Money consuming	8	4.8
To stop thinking and aggressiveness	7	4.2
For better life span	5	2.9
It will come to an end some day	3	1.8
Feel uncomfortable anytime I take it	3	1.8
It's not made for ladies	3	1.8
Makes me go crazy	2	1.2
Not used to it	2	1.2
when I get married	2	1.2
To avoid academic failure	2	1.2
If No, why?(N=94)		
For fun	25	26.6
No reason	16	17.0
Still comfortable with it	13	13.8
Don't feel like/choice	12	12.8
Because it's not harmful	10	10.6
Don't get drunk/moderate drink	6	6.4
It keeps me calm	4	4.3
Minimal intake is good	4	4.3
Palm wine is medicinal and good	2	2.1
Don't take it as an habit	2	2.1

4.3.1: Distribution of Current Consumption of Alcohol According to Age, Sex, Marital status, Religion and Ethnicity

According to table 4.8, the highest number (29.9%) of respondents currently taking alcohol were in the 21-25 age bracket compared to less than 20years (24.9%) and 26-35years (14.5%). Chi-square analysis revealed that there was a statistically significant relationship between age and current consumption of alcohol among respondents.

There was a statistical significant relationship between the sex of the respondents who had ever taken alcohol and current alcohol use. Alcohol intake was higher among male respondents (45.7%) compared to female respondents (23.6%)

Applying fisher's exact test, it was deduced that more than half of the respondents (67% and 64.5%) who indicated had ever taken alcohol were Single and Yoruba respectively. their relationship with current alcohol consumption was not statistically significant. This is because the observations in the cells were less than five. However, more than half (51%) of these respondents who have ever taken alcohol were Christians and are not statistically significant with current alcohol consumption.

Table 4.8: Distribution of Current Consumption of Alcohol According to Age, Sex, Marital status, Religion and Ethnicity.

Variables	Ever drink alcohol? (N=394)		X^2	df	P-value	Remark
	Yes (%)	No (%)				
Age						
Less than 20	98(24.9)	44(11.2)	8.764	2	0.003	**Significant**
21-25	118(29.9)	50(12.7)				
26-35	57(14.5)	27(6.9)				
Sex						
Male	180(45.7)	68(17.3)	6.287	1	0.045	**Significant**
Female	93(23.6)	53(13.5)				
Marital Status						**Not significant**
Single	264(67.0)	117(29.7)	0.607	1	0.557	
Married	9(2.3)	4(1.0)				
Religion						**Not Significant**
Christian	201(51.0)	71(18.0)	3.407	1	0.065	
Muslim	72(18.3)	50(12.7)				
Ethnicity						**Not Significant**
Yoruba	254(64.5)	112(28.4)	2.132	3	0.546	
Igbo	1(0.3)	2(0.5)				
Hausa	7(1.8)	2(0.5)				
Others	11(2.8)	5(1.3)				

4.4.1: Social Determinants of Alcohol Consumption

Table 4.9 shows that majority (78.7%) of the respondents were brought up by both parents. Little above half (58.4%) of them lived in urban area and most of their father and mother (70.3%), (94.4%) do not drink alcohol. More (57.4%) respondents said their siblings don't drink while 51.8% said some of their friends take alcohol. When asked if alcohol was freely sold in their environment, 51.3% said yes and most (74.4%) of the respondents reported that attend parties.

Variables	Frequency	Percentage
How were you brought up?		
Single (mother absent)	29	7.4
Single(father absent)	34	8.6
Both parents present	310	78.7
Orphans	1	0.2
Relations	20	5.1
What neighbourhood were you brought up?		
Urban	230	58.4
Rural	133	33.7
Peri-urban (urban slum)	31	7.9
Does your father drink?		
Yes	117	29.7
No	277	70.3
Does your mother drink?		
Yes	22	5.6
No	372	94.4
Do you have siblings who drink alcohol?		
Yes	168	42.6
No	226	57.4
How many of your friends drink?		
Most	78	19.8
Some	204	51.8
All	32	8.1
None	80	20.3
Is alcohol freely sold in the environment where you grew up?		
Yes	203	51.3
No	191	48.7
Do you attend parties?		
Yes	293	74.4
No	101	25.6

Table 4.9: Social Determinants of Alcohol Consumption (N=394)

4.4.2: Social Determinants of Alcohol Consumption Among the Respondents

A logistic regression for social determinant of alcohol consumption among the respondents is shown in Table 9. Logistic regression analysis included How were you brought up, Neighbourhood, Does father drink, Does mother Drink, Have siblings that drink, Number of friends that drink, Alcohol freely sold in environment where you grew up, and Do you attend parties. It is shown that respondents who grew up in environment where alcohol was freely sold were more likely to consume alcohol than those who didn't grow up in such environment (OR=2.202, 95%CI=1.267-3.826). Also, there was significant association between attending parties and alcohol consumption. Respondents who did not attend parties were less likely to consume alcohol compared to those who attend (OR=0.459, 95%CI=0.243-0.867). However, none of the other run variables were significant. Also, respondents who none and some friends take alcohol (OR=0.200, 95%CI=0.003-0.163), (OR=0.229, 95%CI=0.119-0.441) were less likely to take alcohol compared to those who all their friends consume alcohol. And this is statistically significant.

Table 4.10: Logistic regression of social determinant of alcohol consumption according to selected characteristics among respondents

Variable	Odd ratio	95% CI for OR	P-value
How were you brought up			
Orphan (ref)	1.00		
Single father	0.381	0.018 – 7.968	0.534
Single mother	0.226	0.011 – 4.693	0.336
Both parent	0.440	0.018 – 5.779	0.440
Relations	0.584	0.019 – 9.403	0.584
Neighbourhood			
Peri-urban (ref)	1.00		
Urban	0.662	0.264 – 1.659	0.379
Rural	0.701	0.267 – 1.839	0.470
Does father drink?			
Yes (ref)	1.00		
No	0.547	0.283 – 1.058	0.073
Does mother Drink?			
Yes (ref)	1.00		
No	0.803	0.199 – 3.234	0.758
Have siblings that drink?			
Yes (ref)	1.00		
No	0.985	0.560 – 1.767	0.985
Number of friends that drink?			
All (ref)	1.00		
Most	0.088	0.033 – 0.235	<0.001
Some	0.229	0.119 – 0.441	<0.000
None	0.020	0.003 – 0.163	<0.001
Alcohol freely sold in environment where you grew up?			
No (ref)	1.00		
Yes	2.202	1.267 – 3.826	
Do you attend parties?			0.005
Yes (ref)	1.00		
No	0.459	0.243 – 0.867	0.016

4.5:   Respondents Recommendation to Curb Menace of Alcohol Abuse

Most of the respondents (40.9%) said they do not know if there is currently a program or policy that guides against alcohol in their institution, while some (35.5%) said they were aware of such programs. When asked to mention the programs they were aware of, only very few of them (7.4%) mentioned students union campaign against alcoholism. Most of the respondents (61.2%) supported college based campaign on consequences of alcohol while below half of them (44.7%) agreed that students drinking in the tertiary institution should be banned. About one third of the respondents (34.3%) suggested an increase in the retail price of alcoholic beverages will help curb alcohol consumption. Some of the respondents (47.2%) supported that government should ban alcohol in Nigeria. This presentation can be seen in table 5.0

Table 4.11: Respondents' Recommendation to Curb Menace of Alcohol Abuse

Variable	Frequency	Percentage
Is there current program/policy that guide against alcohol in school		
Yes	140	35.5
No	89	22.6
Don't know	161	40.9
No response	4	1.0
If yes, what (n=140)		
Student union campaign against alcoholism	29	7.4
Alcohol and cultism kills	12	3.0
Sign post of abstinence from drug/alcohol	3	0.8
War against indiscipline	10	2.5
Campus fellowship	3	0.8
Fresher orientation	8	2.0
Student disciplinary committee	7	1.8
Expulsion	3	0.8
Counseling/seminar	4	1.1
School rule	6	1.5
No response	55	11.9
Student drinking in the tertiary institution should be banned		
Yes	176	44.7
No	146	37.0
No opinion	65	16.5
No response	7	1.8
College based campaign on consequences of alcohol		
Yes	241	61.2
No	56	14.2
No opinion	88	22.3
No response	9	2.3
Increase retail price of alcohol beverages		
Yes	134	34.3
No	161	40.9
No opinion	98	24.8
Government should ban alcohol in Nigeria		
Yes	186	47.2
No	125	31.7
No opinion	83	21.1

Other suggestions include proper orientation for youth on alcohol intake (0.5%) and Regulation of content at specific rate in the bottle (0.5%)

4.6 Findings from the Focus Group Discussion

4.6.1 Respondents' View on Alcohol Consumption

When asked what the respondents think about alcohol drinking, majority of them believed drinking alcohol is bad and it is not allowed in their institution.

Some students stated these;

"*Alcohol is a hard drink, it is not allowed in the school. Law says 'say no to alcohol, but most student take it; they have the perception that if they don't take it they won't feel alright*".

"*Alcohol is not allowed because it is dangerous drink but people take it to have fun* ".

An HND Female said

'Alcohol for students is a normal thing'

When probed on their experience on alcohol drinking, some of the students that consumes alcohol disagreed with the view that alcohol intake is generally bad. Some of the participants responded

"*I believe it is good for the body that is why government is still allowing the production of alcohol* ".

"*It is not bad for student but it is not to be taken in excess especially those with high percentage*".

When asked where students typically get alcohol, all the participants stated that students get their alcohol outside the school campus. They claimed that most students get their alcohol outside the school from joints, clubs, party etc. According to some of the student,

"*Alcohol is not taken inside the campus. Anybody taking it within the school is expelled. They get it outside in areas like joints, home, club and social event etc*".

"*Students get alcohol from different channels but not in school, maybe outsides with their friends. Mostly in apete area*".

When the participants of the Focus Group Discussions were asked about what students here prefer to drink, drinks mentioned by the students were chelsea, black wood, baby oku, origin, trophy and smirnoff. A student said'

"*Some students take spirit, brandy, macdowen. They take it because they think they are big boy*".

When the respondents were also asked things that encourage students to drink (Who or what influences are responsible for the drinking?), most of the respondents believe that pressure from peers is one of the major reasons why people drink alcohol. Other influences of alcohol intake mentioned include girls, parent and some of the respondents have these to say;

"*Some people do not want to drink alcohol but friends advice them to take it so as to belong and to face crowd*".

"*Environment is a strong factor that determines human life. Environment where someone is brought up if they sell drink there can make the person drink*".

"*Parent can influence a child drinking; if a guy's mum is selling alcohol, the guy is likely to drink too*".

"*Parents that take alcohol can influence the child's intake too*".

One of the ND male students believed that alcohol intake is influenced spiritually. The student said

"*Satan as known in the bible and kuran is responsible for bad thing. So anybody taking alcohol is being influenced by satan*".

Majority of the other respondents when asked about the health consequences associated with alcohol use and abuse, almost all the respondents were aware of one or two health consequence associated with alcohol consumption. The mentioned health consequences include diabetes, mental disorder, memory lapses, vomiting, brain damage, liver problem and cardiovascular disease. According to some of them,

"It *destroys the lungs and it shortens life span*.

"*Students behave abnormally and are involve in fighting. Disturbing the peace of others*

"*It causes kidney problem*''

An HND male student says;

'*It causes high hydration of H_2O from the body and can leads to obesity*'

Another student said;

"*Alcohol affects the cerebrum. It destroys other part of the brain.*

In the focus group discussion when the respondents were asked of their view on students getting drunk, almost all the respondent states that being drunk is not good. Some of their responses are

A female ND II student said that;

When students are drunk, this makes them disturb other peoples' peace, rape, fight, damage properties'

Another lady said

'Female gets drunk and they are lead by influenced of alcohol leading to rape and unwanted pregnancy'

When probed on personal experience of risky behaviour associated with being drunk. A student gave his experience

"*I don't usually get drunk but was drunk one day, after vomiting i ended up sleeping on the floor of a toilet unknowingly. I woke up the next morning rough and embarrassed, but that doesn't mean I will stop drinking o because me dey enjoy myself when I drink especially with my guys''*

During the focus group discussion the respondents were also asked what kind of problems you see in students who drink alcohol. Some of the respondents reported that students who are involve in alcohol consumption usually create nuisance, have non-challant attitude, always shouting, break laws and are always fighting.

One student said

Students who drink usually have red eyes and they are violent. Most of them don't stay with their parent even the ones that still stays with their parent don't listen to what their parent is telling them. I have one in my class who was taken by the police during our exam last semester for been involved in house bugling.

Another student said

'*Hmmm, won ki duro si class meaning they don't stay in class. They are always carry-overs (failing their courses) and spilling-over (spending extra-years in school)*'

Respondents were also asked what generally happens when a student uses alcohol at school or school-related events. All of the respondents concurred that the students are always expelled from the school when caught drinking inside the school.
One specifically said:

"*Students derive pleasure from alcohol and when they are caught they are expelled*".

One of the respondents even said

"They *face school panel when caught and are rusticated, suspended or expelled. Some ended up in prison especially if they are drunk and stab someone*".

Also said by a student is that,

"*If you drink it publicly and the lecturer or security catches you, it is trouble*".

The respondents were also asked for their recommendation to the school authority on student alcohol drinking behaviour. Almost all of them said combining word suggesting an educational programme stating the health consequences of drinking alcohol. Almost all the students concurred to suspending the students who are caught drinking in the school

According to one of the respondents,

"As it is now, there is need to *organize a seminar to orientate student on the effect of alcohol. This will enlighten them more on the risk and danger associated with alcohol. Because the rate of alcohol consumption now is increasing especially since they started selling "Origin"*".

Another respondent who was a HND1 student had this to say

"*I think closing down alcohol spot, club and make it known to the students*".

A student said specifically that:

'*it is high time government placed a ban on drinking generally because if the student doesn't drink in school and still drinks at home, what difference does it make. All this havoc as a*

result of alcohol will still be happening. So i will suggest government should ban drinking alcohol generally. It's not even good for a child of God.

4.6.2: Relationship/Synergy between FGD (Qualitative) and (Quantitative) Questionnaire

Majority (64.1%) of the respondents said they derive fun in alcohol consumption. This is significantly related to the discussion had with the students of the institution. When asked where they most get their supply of alcohol, majority of the participants mentioned clubs, joints/bar outside the institution, and that they usually drink alcohol with friends. This is in synergy with the result achieved (34.1%), (58.2%) in the quantitative data. Also, some participants of the FGD said very few guys take spirit, brandy just to show themselves off as bigger boys. This is in line with the little (0.7%) number of respondents seen in the result. In terms of what influences students to consume alcohol, peer influence (38.5%) was the first reason given during the FGD session which is in synergy with the result. When asked what enhances students to consume more alcohol, majority of the participants of the FGD conducted mentioned that environment was the main factor and that the environment whereby more alcoholic is sold could determine whether a student would consume more alcohol compare to the environment where alcohol is rarely sold. This is therefore seen in the high (58.4%) of respondents. From the result, majority (44.1%) of the respondents have a good knowledge of the health consequences associated with alcohol consumption.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0   Socio Demographic Characteristics of the Respondents

In this study, there were more male than female participants. This reflected the proportion in the total students' population. This is contrary to study on alcohol use among full time students of university of Abuja, Nigeria (Eze and Uzeoghe, 2015). About a quarter of the population are between age 21-25years. Most of the respondents were Single and Yoruba respectively. The fact that the respondents were youths and the study was carried out in south west Nigeria could account for this findings. The dominant religion was Christianity. This may be due to the strong presence of Christianity in area of this study. The socio demographic variables were subjected to a chi square test to test if there is an association between them and intake of alcohol. Age and gender were found to be statistically significant with ever drink alcohol. We can't, however, forget that the consumption begins very often at younger ages and that the prevalence of heavy drinking in young people has risen. Taking this aspect into consideration, children and young people must be priority groups when it comes to intervention. In this study, although males consume more alcohol than females but 21% of the females were found to have consumed alcohol. This corroborated previous research showing that male students seem to consume more, more often and more alcohol at a time than female students (Santos, Pereira & Veiga, 2009). However, according to research, women are more vulnerable to alcohol long term effect on their health due to body structure which cause them to absorb more. This shows the need for gender specific intervention from among tertiary students on alcohol consumption. The association between marital status, religion and ethnicity were found insignificant with ever taken alcohol among the respondents.

5.1   Alcohol Consumption (Pattern and Practice) among the Respondents

The result of this present study showed that 69.3% of the respondents have tasted alcohol before for one reason or another. This prevalence can be attributed to the fact that alcohol is socially and culturally acceptable in the society (Chineke, Diwe, & Emerole, 2014). In this

study most common reason for first intake of alcohol among the respondent was peer pressure. Although, about one third (32.0%) of the respondents currently drink alcohol. Contrarily, this prevalence is lower compared to what was reported among students in Osun State (Adewuya et al., 2007), Owerri, Nigeria (Chineke et al., 2014), among students in South Africa (Mogotsi, Nel, & Basson, 2014) and the prevalence reported in Ireland (Davoren et al., 2014). The low prevalence could be as a result of fear to disclose their true drinking status due to the strict rules guiding against alcohol consumption in the institution. A study carried out to assess reasons for not drinking and perceived injunctive norms as predictors of alcohol abstinence among college students, found out that disapproval / lack of interest subscale was the only subscale reason for not drinking scale and that was significantly associated with 6-month abstinence (Rinker and Neighbors, 2013). This study was also in support of this finding. Of those who do not drink currently, a little below half (43.0%) of them said they personally chose not to drink alcohol. This result suggests that self-defining personal values are an important component of keeping abstaining college students abstinent.

Most of the respondents of those that had taken alcohol first took alcohol between the age of 16-20 years. Similar ages of onset have also been previously documented (Ukwayi et al., 2013; Eze & Uzoeghe, 2015). This is the adolescence age group when most people are very active, energetic and seeking new experiences. Adolescents are also prone to external influences as we found that most of them were influenced into using these substances by friends or watching adults, who also use these substances; this has also been previously reported (Akindutire & Adeboyega, 2012). This therefore emphasizes the importance of promoting positive influences especially on adolescents. However, current use of alcohol was found to be commonest among those aged 18 to 23 years. This was also reported previously (Ukwayi et al., 2013)

In this study, most of the respondents were introduced into drinking alcohol by friends. This result is similar to the findings among students in Owerri where 63% of the students were introduced to alcohol consumption by their friends and course mates (Chineke et al., 2014). Almost half of the respondents preferred to take alcoholic wine followed by beer (Chineke et al., 2014), chelsea and local brew (Obikeze & Obi, 2013). In this study, more than one third (34.1%) of the respondents reported getting their supply of alcohol from joints/bar, followed by social events/birthday party, club/hotel and friends. This was also documented by Ukwayi et al., (2013)

Source of fund for alcohol was majorly through pocket money in this study. Similar report was found among students in various studies (Chineke et al., 2014; Obikeze & Obi, 2013). More than half of the respondents (57.1%) reported that they drink alcohol mostly with their close friends while few (11.9%) and (11.1%) drink alcohol with their school mates and acquaintances. These findings prove the urgent need for educational intervention to encourage positive peer forum among students.

Heavy alcohol use by students can lead to a cascade of alcohol-related problems, such as increased chances of risky behaviour, affect academic performance, disability and even loss of life. Almost half of the respondents (60.1%) admitted taking 1-2 bottles of alcohol in one sitting while more than one-third (36.5%) said they take between 3-4 bottles in one sitting. Almost half (46.6%) reported to take alcohol rarely. This figure can be attributed to self-report of alcohol consumption pattern among the students. This finding shows that only minimal number of the respondents (7.1%) engaged in binge drinking (consuming five or more drinks at least one occasion). This is less than what was reported among students in South Africa (Mogotsi et al., 2014). The likely reason for this might be due to the social value attached to drinking in both countries. When asked for the reason for drinking, most of the respondents said they drink in order to have fun. This was also documented among students in Owerri (Chineke et al., 2014). In this study, only few (8.7%) respondents had missed class because they were drunk. This is lower than the finding in a study where 17% of the students reported missed class as a result of drinking and 20% reported missed class as a result of hangover among students in South Africa (Mogotsi et al., 2014). Interestingly, more than half (61.7%) of the respondents desired to quit alcohol out of which (30.4%) said because of their religious belief. In a study among students in Imo State University, lower percentage of the students desired to quit alcohol (Chineke et al., 2014).This shows there is an urgent need for behavioral intervention among students in various institutions in Nigeria to curb the menace of alcohol and psychoactive substance abuse. Also, this points out the need for involvement of religious leaders in behavioral change intervention among the youths which also include students.

5.3 Social Determinant of Alcohol Consumption among the Respondents

Regression analyses were conducted with respondents' social variables. The social variables included are How were you brought up, Neighbourhood, Does father drink, Does mother Drink, Have siblings that drink, Number of friends that drink, Alcohol freely sold in

environment where you grew up, and Do you attend parties. Some of the variables proved to be significant predictors. Growing up in environment where alcohols were freely sold was significantly associated with alcohol consumption among the respondents (OR=2.202, 95%CI=1.267-3.826). The more the alcohol is freely sold and available in area an individual is growing up, the more likely individuals are to drink. Restricting alcohol use or sale in parks, public places, community events will go a long way to reduce alcohol consumption and its health related problems. Also, attending parties was found to increase the risk of alcohol consumption in this study (OR=0.459, 95%CI=0.243-0.867). Many people who eventually become problem drinkers or alcoholics learn early in life to associate drinking with pleasant social occasions. They may develop a social life centered on drinking such as going to bars or attending parties where alcohol consumption is prominent (Mase & Ajonye, 2013). The results of the present study point to the fact that professionals involved in the prevention of alcohol related problems need to understand issues relating to alcohol self-efficacy and increased use of alcohol. The temptation to drink must be viewed along such concept as confidence to refrain when there is a need to do so. This requires proper attention and public awareness.

5.4   Implication for Health Promotion and Education

This study does not only contribute to the volume of literature on alcohol consumption pattern and practice by students. It is expected that the findings of this study would draw stake holders attention to the hitherto neglected at risk population on our campuses before they graduate into alcohol dependents. The findings have also brought to the fore the urgent need for intervention/treatment for harmful users of alcohol as an integral part of violence reduction policy in Nigeria. The role of the parents, guardians, and other professionals in controlling the increasing rate of alcohol consumption through individual and group counseling is also evident.

 Governmental and non–governmental bodies need to develop specific health education programmes targeted at behavioral change and adoption of healthy lifestyles among students while developing an environment conducive to such healthy lifestyles through formulation of health policies. Also, college based campaign should be promoted in all tertiary institutions to create more awareness on risk associated with alcohol consumption and other health related issues among youths. These may include violence, mental disorder, liver diseases and unsafe sexual behaviours.

Alcohol consumption is high among male students. However, the institution health workers should advocate to the authorities to remove significantly all alcohol infrastructures within the institution. The executives should come up with alcohol reduction policy in the institution that will bar students from getting drunk.

A lot of educational alcohol reduction health education should be set which will be driven by students union at the beginning of the session and during special occasion in the institution. Also, efforts should be made by students to reduce similar alcohol reduction. Information, Education and Communication (IEC) materials should be developed among the students. Students should also organize debates on the health risk of alcohol consumption. Special effort of peer education should be made to OND1 students to reduce the risk of alcohol consumption.

5.5   Conclusion

This study has shown that alcohol intake is fairly high in Ibadan polytechnic, necessitating that the design of health promotion and education interventional methods should be directed towards attitudinal and behavioural change of the students. Also, this study shows that there is a triangulating synergy between the qualitative and quantitative instruments used.

5.6   Recommendations

In light of the study findings, the following recommendations are made:

1. The Ibadan polytechnic authority should formulate and implement policy measures against alcohol consumption in the institution

2. The sale of alcohol on Ibadan polytechnic campus should be banned by the governing body in all tertiary institutions across the country

3. The school management should organize seminars, workshops and conferences for students of the institution on the dangers inherent in the use of alcohol and engaging in violent acts.

4. There is need to identify and train suitable bar patrons on Ibadan polytechnic campus to serve as peer educators or change agents.

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FOCUS GROUP DISCUSSION GUIDE

Good day respondents,

I am NWOSU-IWUOHA ESTHER CHINONSO a post graduate student from the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan. I am carrying out a study on the prevalence, pattern and determinants of alcohol consumption among students of the polytechnic, Ibadan, Oyo state; and am here to assess your knowledge on the possible factors of alcohol consumptions. We are not interested in learning information about specific individuals or infractions of the law, but are most interested in learning about students' views and experiences in respect to alcohol use and determinants in this institution. All comments, both positive and negative are welcomed. I would like to have many points of view from you. With your permission, I will use a tape recorder to ensure accuracy of the data collection. I would like to assure you that all information you give me/us will be confidential and will be used for research purpose only. You are allowed to withdraw any moment you feel like doing so and you may refuse to answer any question you do not want to. Are you willing to participate in the interview? Thank you for your acceptance.

Participant ID NO……………..…   GROUP ID NO………………

Date of Interview…………….

1. Describe, to the best of your knowledge, what do students think about alcohol drinking?
    a. Probe on their observation/experience on alcohol drinking in the institution?(why if Yes/No, if any family or friend that drinks)
    b. Where does it usually happen? (Probe for known hotspots, at homes, at parties, at family events, friends' homes, bars/restaurants, school, out of town limits?)
    c. How do students typically get alcohol? (Parents, friends, siblings, at bars….)
    d. What do students here prefer to drink? (What's the drink of choice these days?)

e. What makes it easy for students to drink here?

2. What things encourage students to drink? (Who or what influences irresponsible drinking?)

(Probe for peer pressure, parental influence, academic pressure and environment)

3. What are the health consequences associated with alcohol use and abuse?? Probe on negative consequences including brain damage, breast cancer, on motor vehicle crashes, injury, assault,

4. Binge drinking (Alcohol abuse) is consuming 5 or more drinks (for men) or 4 or more drinks (for women) in one sitting. This is a high risk behavior.
   a. View on students getting drunk
   b. How often does it happen (probe on personal experience, friends and family)?

5. What kinds of problems do you see in students who drink alcohol? (Probe: Problems with school? With family? With the law? With friendships? No problems at all?)

6. What generally happens when a student uses alcohol at school or school-related events?
   a. Do people get caught? What kinds of people get caught? Why or why not?
   b. What are the consequences? Are consequences given in the same way for everyone? Why or why not?

7. What can you recommend to the school authority on students alcohol drinking behavior?

Thank you so much for your participation

QUESTIONNAIRE ON PREVALENCE, PATTERN AND DETERMINANTS OF ALCOHOL CONSUMPTION AMONG THE POLYTECHNIC STUDENTS, IBADAN, OYO STATE.

Dear Respondents,

My name is Nwosu-Iwuoha Esther Chinonso, am a post graduate student of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan. The purpose of this study is to investigate the prevalence, pattern and determinants of alcohol consumption among the polytechnic students, Oyo state. The findings from this study will help in the design of an intervention program towards introducing strategies and reducing the prevalence of alcohol consumption in our society.

Your sincere response is encouraged as the information provided will be used for research purposes only and strict confidentiality would be ensured. Please be informed that participation is voluntary and there is no right and wrong answer.

If you have accepted to participate in the study, please indicate your interest by signing.

 Thank you

Respondent's signature ……………………….

SECTION A
Socio Demographic Characteristics

Note: please tick ( ) in the appropriate boxes

1. Faculty _____

2. Department _____

3. Level of study: _____

4. Course of study_____

5. Age in years (as at last birthday) _____

6. Sex: 1. Male ( ) 2. Female ( )

7. Residence: 1. Campus ( ) 2. Off campus ( ) 3. Living with parents ()

8. State of origin _____

9. Ethnicity: 1. Yoruba ( ) 2. Hausa ( ) 3. Igbo ( ) 4. Others (specify) _____

10. Marital status: 1. Single ( ) 2. Married ( ) 3. Others (specify) _____

11. Number of children in your household (Family size)............

12. What is your Birth rank 1. First ( ) 2. Second ( ) 3. Third ( ) 4. More than third ( )

13. Family type   1. Nuclear   2. Polygamy   3. Polyandry

14. Father's occupation..................................

15. Mothers occupation……………………….

16. Fathers level of education 1. No education   2. Primary   3. Secondary   4. Tertiary

17. Mothers level of education 1. No education   2. Primary   3. Secondary   4. Tertiary

18. Living arrangements: 1.Dormitory ( ) 2. Living with parents ( ) 3. Others (please specify) _____

19. Religion denomination that you belong

    1 <u>Christian</u>   2.<u>Muslim</u>

    (i)   Christ Apostolic Church   (i) Teblique

    (ii)   Anglican   (ii) Ansa-ru-deen

    (iii) Baptist   (iii) Nawair-ud-deen

    (iv)   Methodist   (iv) Islamiyat

    (v)   Catholic   (v) Ahamadiya

    (vi)   Cherubim and Seraphim   (vi) Quareeb

    (vii) Deeper Life Bible Church   (vii)Kaomun Nasirudeen

    (viii) Assemblies of God Church   (viii) Others (please specify)............

    (ix)   ECWA

    (x)   Seventh Day Adventist

    (xi)   Celestial Church

    (xii) Others (please specify)...........

SECTION B

Knowledge on Health Effects of Alcohol Use (please tick☑ option applicable to you)

S/N	Questions	Yes	No	Don't know
20	It is okay to drink alcohol			
21	Alcohol consumption can result into Headache			
22	Liver cirrhosis is a disease caused by alcohol consumption			

23	Weight loss can be caused by intake of alcohol			
24	Disease of the lungs like Cancer is associated with alcohol intake			
25	Alcohol intake is a predictor of High blood pressure			
26	Alcohol shuts down Brain level of judgment			
27	Alcohol abuse can result to loss of concentration			
28	Alcohol intake can lead to Increased aggressiveness			
29	Alcohol consumption can induce sleep disorder			
30	Alcohol withdrawal can results to Restlessness/Nervousness			
31	Mental illness is associated with alcohol intake			
32	Alcohol intake can alter family relationship			
33	Drinking alcohol can result to Poor academic performance			
34	Unprotected premarital sex can be caused by alcohol consumption			
35	Alcohol abuse can make one violent			
36	Alcohol abuse can lead one into robbery			
37	Taking alcohol can geared one into cultism			
38	Alcohol consumption affect ones finance			

SECTION C

ALCOHOL CONSUMPTION (PRACTICE & PATTERN)

Instruction: Please circle the best option that is applicable to you

39.   Have you ever taken any alcoholic drink before (e.g palmwine, spinorff, beer, wine, Chelsea, baby oku, et.c)?

1.   Yes

 2.   No

39b.   If yes, what was your reason for drinking your first alcohol?

1.   Peer influence

2.   Parental influence

3.   Environment influence

4.   Family problem

5.   Affordable

6.   Don't drink

7.   No reason

8.   Other (specify)…………………….

39c.   Do you currently drink alcohol?

1.   Yes

2.   No

39d.   If No, Why?

   1. Unhealthy

   2. Choice

   3. Religious belief

   4. Against the law

   5. Others (specify)………………

40.   At what age (years) did you first drink alcohol?

   1.   4-8 years

   2.   9-15 years

   3.   15-20 years

   4.   20 and above

41.   Who introduced you into alcohol drinking?

1.   Family member

2.   Friends

3.   Fellow students

4.   Neighbours

5.   Don't drink

6.   Other specify_____

42. **Which of the following alcohol beverages have you used?** (*If Don't Drink Skip to*

Question 55)

S/N	SUBSTANCES	Ever Used		Currently Used	
		Yes	No	Yes	No
A	Beer (Origin, Star, Smirnoff, etc)				
B	Chelsea				
C	Red wine				
D	Fermented Palm wine				
E	Distilled spirit (Ogogoro,rum,gin,alomo)				
F	Baby Oku				
G	Seamans				
H	Fortified spirit (brandy and barley)				
I	Others (please specify) ……………….…				

43. **The most preferred alcohol drink?**

1. Beer
2. Spirits (Ogogoro)
3. Wine
4. Local brew (burukutu, kaikai)
5. Baby oku
6. Chelsea
7. Smirnoff
8. Seamans
9. Black wood
10. Alomo Bitters
10. Others (specify) ……………………..

44. **Where do you most times get your supply of alcohol?**

1. School
2. Home
3. Friends

3. Bars/ restaurants/ joints

6. Club house / hotels

7. Social event/ birthday party.

45. Source of funds to buy alcohol?

1. Pocket money

2. Book fees

3. School fees

4. Parents under deceit

5. Begging from friends

6. Begging fellow alcohol drinkers at the place of sale

7. Others (please specify).............

46. Who do you usually drink alcohol with?

1. Close friends

2. Other family members

3. Acquaintances

4. School mates

5. I drink alone

6. Others (Specify)……………………………..

47. How often do you drink alcohol?

1. Rarely

2. 1-2 times a week

3. 3-4 times a week

4. 5-6 times a week

5. More than 6 times a week

6. Any time (when alcohol is available)

7. Others (specify)…………..

8. Don't drink

48. How many bottle of alcohol do you consume on one sitting?

1. 1-2 bottles

2. 3-4 bottles

3. 5.-7 bottles

4. More than 7

5. Others (specify)……………….

49. When was the last time you drank an alcohol beverage?

1.   A few hours ago

2.   Yesterday

2.   Last week

3.   Some weeks back

4.   Last month

5.   Last year

50. What time of the day do you usually drink?

1. Morning
2. Afternoon
3. Night
4. Morning and Afternoon
5. Morning and Night
6. Afternoon and Night
7. Morning, Afternoon and Night
8. None of the above

51. How do you feel after a drink of alcohol?
1. Good
2. Happy
3. Drowsy
4. High
5. Uncomfortable
6. Others (please specify)………

52.   Have you ever got drunk?

1.   Yes

2.   No

53.   How many bottles do you consume before you get drunk?

1.   1-2 bottle

2.   3-4 bottles

3.   More than 5 bottles

4.   Taking mixtures

5.   Don't drink

6.   Others (please specify) ....

54.   Why do you drink?

1.   To please friends

2.   To forget problems (academic, family)

3.   To have fun

4.   Overcome shyness, tension and anxiety

5.   To be courageous/ bold/ face crowd

5.   It is affordable

6.   Serve as a stimulant for sex

5.   Other (Specify) ………………

55.   **Have you missed class before because you are drunk?**

1.   Yes

2.   No

55b.   **If yes, how many times since the beginning of the year/Session? ---------------------**

56.   **Do you have plans to quit taking alcohol beverages?**

1.   Yes

2.   No

56b,   If Yes, why (state reason) ……………………….

56c   If No, what is your reason? ……………………….……………………

SECTION D: SOCIAL DETERMINANTS OF ALCOHOL CONSUMPTION

57.   **How were you brought up?**

1.   Single (mother absent)

2.   Single (father absent)

3.   Both parents present

4.   Orphans

5.   Relations

6.   Others (specify)..............

58.   **What neighborhood were you brought up?**

1.   Urban   2. Rural   3.Peri-urban (Urban Slum)

59.   **Does your father drink?**

1.   Yes   2. No

60.   **Does your mother drink?**

1.   Yes   2. No

61.   **Do you have siblings (brothers/sisters) who drink alcohol?**

1.   Yes   2. No

62.   **How many of your friends drink?**

1.   Most   2. Some   3. All   4. None

63.   Is alcohol freely sold in the environment where you grew up?

 1.   Yes   2. No

64.   Do you attend parties where alcohol is served?

 1.   Yes   2. No

SECTION E: RECOMMENDATION OF WAYS TO CURB THE MENACE OF ALCOHOL ABUSE AMONG STUDENTS

65   Is there any current program/policy in your institution that guide against alcohol abuse?

 1.   Yes   2.No   3. Don't know

65b.   If yes, what?   ....

66.   What do you think should be done to prevent alcohol abuse among students in tertiary institutions? (Respond to all statements below).
1= Yes 2= No 3= No opinion

Interventions for alcohol abuse	Yes	No	No opinion
Student drinking in tertiary institutions should banned			
College based campaigns on consequences of alcohol abuse			
Increase retail prices for alcohol beverages			
Government to ban the use of alcohol in Nigeria			
You may use the space below to add to the above list:			
1			
2			