

Patterns and Consequences of Alcohol Consumption among Youths in Nsukka Urban.

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Abstract

Heavy or at-risk drinking has remained a problem among young people in many parts of the world. Identifying drinking patterns and their consequences are critical in developing a preventive health education programme for youths. This study was conducted to determine drinking patterns and consequences among youths who were current consumers of alcohol in Nsukka urban. Three research questions and two null hypotheses guided the study. Cross sectional research designed was used for the study while questionnaire was the instrument for data collection. A sample of 500 youths was used for the study. The data were analysed using frequencies and percentages. Null hypotheses were tested at .05 level of significance using the chi square statistics. Greater proportion of male youths than female youths consume alcohol of various brands. The number of male youths who engage in heavy drinking was significantly more than female youths who do so. There was no significant difference at .05 level of significance in the number of youths who drink or engage in at-risk drinking when they were classified by their level of education. It was recommended that appropriate drug education on the health risk of heavy drinking should be given to youths using such means as the electronic media and the internet.

Key words: Drinking, Alcohol, youths, Nsukka urban, alcohol problems.

Introduction

Alcohol consumption is very common in many parts of the world. Large proportion of youths in Sub-Saharan Africa consumes alcohol (Kabiru, Beguy, & Ezech, 2010; Swahn, Palmier & Kasirye, 2013). Prior to modern civilization, alcohol consumption was not popular among youths in this region (Odejide, Ohaeri, & Ikuesan, 1989). In recent time however, the youths are increasingly getting involved in alcohol consumption (Osa-Edoh, 2012; Dumbili, 2013a). The pattern and quantity of alcohol consumed by youths put them at high risk of alcohol related problem. This has made drinking by youths a cause of great concern to public health practitioners (Paschall, Grube & Kypri (2009). Again this concern stems from the fact that the youths constitute significant proportion of the population in many countries in Sub-Saharan Africa. In Nigeria, youths (those between ages of 15 to 35 years) constitute as much as 30.7 percent of the national population (Federal Republic of Nigeria, 2012). Their health therefore reflects the health of the nation.

Many Nigerian youths start to drink before the age of 18 years (Igbende, Adi, Terwase and Anhange, 2016). Starting to drink early has been shown to be associated with binge drinking (Delker, Brown & Hasin, 2016). Research has also shown that the prevalence of alcohol use and binge drinking tend to increase as adolescents transit into early adulthood (Kuntsche & Gmel, 2013). Alcohol consumption from an early age can have long-term health effects (Patrick, Schulenberg, Martz, Maggs, O'Malley & Johnston, 2013). Apart from physical health disorders, alcohol consumption by youths have been associated with varied societal anomalies such as poor academic performance, alcohol-related vehicle accidents, violence and numerous anti-social behaviours (Chartier, Vaeth & Caetano, 2013).

Patterns and quantity of alcohol consumption vary with geographic location. Prevalent cultural factors in any geographic location influences use or non-use of alcohol in such a location. Social environments differ in urban and rural setting together with the opportunities for alcohol purchasing and consumption. This can influence pattern of drinking (Sudhinaraset, Wigglesworth & Takeuchi, 2016). An understanding of the pattern of alcohol consumption of youths in any geographical location will help inform and improve prevention and treatment efforts in such area.

Pattern of drinking describes how people drink. Patterns of alcohol consumption are often described in literature to show quantity and or frequency of consuming alcohol. Terms used in literature to describe patterns of alcohol consumption include; non-drinkers (abstainers), current drinkers, never drinkers, binge drinking, at risk or heavy or hazardous or harmful drinking and moderate drinkers (Dumbilli, 2013b; WHO, 2014; Macinko, Mullachery, Silver, Jimenez, & Neto, 2015). Different drinking patterns give rise to different health outcomes or consequences among different people even when the quantity of alcohol consumed is the same (WHO, 2014). Health consequences of alcohol abuse transcend physical health problems to emotional and social health problems. How much alcohol is taken is associated with behavioural and health effects.

Binge drinking is used to describe a pattern of drinking that involves consuming four standard drinks for women and five standard drinks for men within two hours (National Institute on Alcohol Abuse and Alcoholism - NIAAA, n.d.). Binge drinking describes both quantity and duration of drinking. It involves drinking large quantity of alcohol in a very short time. Taking five or more standard drinks in one sitting at least once a week is considered as heavy drinking (Substance Abuse and Mental Health Services Administration - SAMHSA, n.d.). Previous researches have continued to show that individuals tend to drink heaviest between their late teens and early to mid-twenties (Naimi, Brewer, Mokdad, Denny, Serdula & Marks, 2003). Binge drinking tends to be common among young people and this result to a lot of problems.

Surveys are essential in measurement of alcohol-related problems, especially problems in family or personal life which do not show up in police or health statistics (World Health Organization - WHO, 2000). Hazardous or harmful drinking, heavy or at-risk drinking and alcohol abuse and dependence are common drinking problems which results in considerable suffering, mortality, and economic costs (WHO, 2014). Heavy drinking is seen as the drinking of five or more standard drinks in a sitting, five or more days in a month (SAMHSA, n.d.). Such drinking is harmful and puts the drinker at risk of alcohol related medical disorders such as neuro-psychiatric disorders, cardiovascular diseases, cancers, hepatitis and liver cirrhosis (Shield, Parry, & Rehm, 2013). Behavioural effects such as not been able to stop drinking once started, drinking when one does not want to, being ashamed of one's behavior while drunk, doing things one do not intend to do while drunk, consistent inattention to family and professional obligations, dangerous behaviors with risky legal, financial and or health consequences for themselves and others are some of the personal and interpersonal consequences of alcohol use (Warwick, Chase, Spencer, Ingold & Aggleton, 2009).

Literature has shown that demographic variables such as age, gender and level of education are capable of influencing a persons' drinking pattern and outcome or consequences of drinking. A study by Huerta and Borgonovi (2010) showed that alcohol problems such as binge drinking, alcoholism and alcohol abuse were associated with level of education. Males are also more likely than females to engage in heavy or at risk drinking (WHO, 2000).

Understanding the patterns and health consequences of alcohol consumption is important in planning any effective alcohol preventive health programme. The purpose of this study therefore was to identify the patterns and consequences of alcohol use among youths in Nsukka Urban.

Research questions

1. What is the frequency of alcohol consumption by youths in Nsukka Urban?
2. What is the quantity of alcohol consumed by youths in Nsukka Urban?
3. What are the consequences of alcohol consumption by youths in Nsukka Urban?

Hypotheses

The following hypotheses guided the study and they were tested at .05 level of significance.

H₀1: The proportion of male and female youths with negative consequences of alcohol consumption is not significantly different.

H₀2: There is no significant difference in the proportion of youths with negative consequences of alcohol when classified by their level of education.

Methods

Area of the study

The study was carried out in Nsukka urban, a town in which the first indigenous Nigerian University, the University of Nigeria is situated. Nsukka urban is located in the South-East Nigeria and is in Enugu State. People residing in this area are predominantly Igbos with a few non Igbos.

Design

Cross sectional research design was used to describe the pattern of alcohol consumption among youths in the area of study. The cross sectional research design is used to gather data from a pool of participants with varied characteristics and demographics variables such as age, gender, income, level of education (Olsen & George, 2004). Hence we considered it appropriate for this study.

Population for the Study

The population for the study comprised all youths aged 15 to 35 years in the area of study. The size of the population was estimated from the total population of the town (Federal Republic of Nigeria Official Gazette, 15 May 2007) to be 95,057 youths. A sample of 500 youths was selected from the population using simple random sampling procedure.

Instrument for Data Collection

A structured questionnaire made by the researchers from literature and adapted to suit the study objectives was used for data collection. The questionnaire consisted of three sections. The first section was designed to collect information about the participants' personal data and drinking status. This section was for all participants. Section two was used to collect information on the type of alcoholic beverages consumed, frequency and quantity of alcohol consumed by the participants. Section three was used to obtain information on alcohol related problems of current drinkers. Sections two and three were for current drinkers only.

The quantity of alcohol consumed in a typical drinking sitting was determined for each type of alcoholic beverage. Beer and stout were measured in bottles, traditional palm wine was measured in mugs, table wine measured in tumblers and hot drinks were measured in shots. The normal bottle of beer in Nigeria measures 60 cl.

The instrument was validated by three experts, in the area of Health Education from the University of Nigeria, Nsukka. The recommendations of these experts were incorporated into the instrument as appropriate. The reliability of the instrument was established through the Cronbach Alpha statistic. The computed value of Cronbach's coefficient alpha was .78. This was considered high enough for the study.

Method of Data Collection

Copies of the questionnaire were distributed and retrieved on the spot after the respondents had responded to them in order to avoid omission. Out of the 500 copies of the questionnaire distributed, 492 copies were properly completed, yielding a return rate of 98.4 percent. Only these were used for data analysis.

Method of Data Analysis

Data were analysed using IBM SPSS Statistics version 20. The data were coded and labeled in the data editor for purpose of analysis. Frequencies and percentages of the participants' responses were worked out. These were used in answering the research questions. Chi square statistics was determined and was used to test the null hypotheses at .05 level of significance.

Results

Table 1

Demographic Characteristics of Participants

Categories	Sub Categories	f	%
All youths	Current drinkers	465	94.5
	Abstainers	27	5.5
	Total	492	100
Gender of current drinkers	Male	306	65.8
	Female	159	34.2
	Total	465	100.0
Level of Education of current drinkers	No formal education	5	1.1
	Primary education	118	25.4
	Secondary education	176	37.8
	Tertiary education	166	35.7
	Total	465	100.0

Majority of the participants (94.5%) were current drinkers. Greater numbers of males (65.8%) than females were current drinkers and the greatest proportion of the current drinkers had secondary education.

Table 2
Frequency of alcohol consumption of youths (%) by gender and level of education

		Beer & stout n = (78.1%)				Palm wine n = (30.3%)				Hot drinks n = (19%)				Table wine n = (12.6%)			
		1/ week	>1/ week	1/ day	>1/ day	1/ week	>1/ week	1/ day	>1/ day	1/ week	>1/ week	1/ day	>1/ day	1/ week	>1/ week	1/ day	>1/ day
Gender	Male	14	19.4	40.5	26.1	10.5	36.9	26.3	26.3	0	35.3	47.1	17.6	66.7	0	0	33.3
	Female	29.8	44.7	19.9	5.6	100.0	0	0	0	100.0	0	0	0	0	0	0	0
Level of education	No formal education	0	50.0	50.0	0	100.0	0	0	0	0	100.0	0	0	0	0	0	0
	Primary education	14.5	31.3	36.1	18.1	17.7	23.5	17.7	41.1	25	25	31.3	18.7	100	0	0	0
	Secondary education	23.2	28.9	26.1	21.8	12.5	50	31.3	6.2	0	25	56.3	18.7	0	0	0	0
	Tertiary education	20.6	27.9	36.8	14.7	57.1	14.3	14.3	14.3	50	25	25	0	0	0	0	0

The usual alcoholic beverage consumed by 78.1% of the current drinkers is beer and stout. The least type of drink consumed by the participants is table wine. Male drinkers consume alcohol more frequently than female drinkers with greater proportion consuming daily or more than once a day while female drinkers consumed all brands of alcoholic beverages once a week except for beer and stout which some female drinkers also consume more than once a week (44.7%) or on daily bases (19.9%) with a small proportion taking beer and stout (5.6%) more than once a day.

Table 3
Quantity of alcohol consumed (%) in a sitting by youths

		Beer and stout (Bottles)				Palm wine (Mugs)				Hot drinks (Shots)				Table wine (Tumblers)			
		<1	1-2	3-4	>4	<1	1-2	3-4	>4	<1	1-2	3-4	>4	<1	1-2	3-4	>4
Gender	Male	0	13.51	45.5	40	0	10.5	63.2	26.3	0	11.8	58.8	29.4	0	66.7	16.7	16.6
	female	21.3	51.1	24.8	2.8	60.0	40.0	0	0	0	100.0	0	0	0	0	0	0
Level of education	No formal education	0	50.0	0	50.0	0	0	100.0	0	0	0	100.0	0	0	0	0	0
	Primary education	6.0	32.5	37.4	24.1	5.9	17.6	35.3	41.2	0	25.0	37.5	37.5	0	100.0	0	0
	Secondary education	12.0	20.4	38.0	29.6	0	12.5	81.2	6.3	0	12.5	62.5	25.0	0	0	100.0	0
	Tertiary education	5.9	33.1	37.5	23.5	35.7	21.4	28.6	14.3	0	75.0	25.0	0	0	75.0	0	25.0

Youths with secondary education consumed more beer and stout (67.6% drinking 3 bottles and more) than youths with other levels of education. Youths with no formal education did not consume Table wine.

Table 4
Frequency of drinking by Quantity of alcohol consumed and by gender

Gender	Type of alc. drink	Beer and stout (bottles)				Total	Palm wine (Mugs)				Total	Hot drinks (Shots)				Total	Table wine (Tumblers)				Total
		<1	1-2	3-4	>4		<1	1-2	3-4	>4		<1	1-2	3-4	>4		<1	1-2	3-4	>4	
Male	1 a wk	0	20(9)	9(4.1)	2(0.9)	31(14)	0	0	4(10.5)	0	4(10.5)	0	0	0	0	0	0	8(66.7)	0	0	8(66.7)
	>1 a wk	0	6(2.7)	29(13.1)	8(3.6)	43(19.4)	0	4(10.5)	10(26.3)	0	14(36.9)	0	4(11.8)	8(23.5)	0	12(35.3)	0	0	0	0	0
	daily	0	0(0)	45(20.2)	45(20.3)	90(40.5)	0	0	6(15.8)	4(10.5)	10(26.3)	0	0	10(29.4)	6(17.6)	16(47.1)	0	0	0	0	0
	> 2 a day	0	4(1.8)	18(8.1)	36(16.2)	58(26.1)	0	0	4(10.5)	6(15.8)	10(26.3)	0	0	2(5.9)	4(11.8)	6(17.6)	0	0	2(16.7)	2(16.7)	4(33.3)
	Total	0	30(13.5)	101(45.5)	91(41)	222(100)	0	4(10.5)	24(63.2)	10(26.3)	38(100)	0	4(11.8)	20(58.8)	10(29.4)	34(100)	0	8(66.7)	2(16.7)	2(16.7)	12(100)
Female	1 a wk	16(11.3)	26(18.4)	0	0	42(29.8)	6(60.0)	4(40.0)	0	0	10(100)	0	8(100)	0	0	8(100)	0	0	0	0	
	>1 a wk	14(9.9)	38(26.9)	11(7.8)	0	63(44.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	daily	0	8(5.7)	18(12.8)	2(1.4)	28(19.8)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	> 2 a day	0	0	6(4.3)	2(1.4)	8(5.7)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total	30(21.3)	72(51.1)	35(24.8)	4(2.8)	141(100)	6(60.0)	4(40.0)	0	0	10(100)	0	8(100)	0	0	8(100)	0	0	0	0	0
Total	1 a wk	16(4.4)	46(12.7)	9(2.5)	2(0.6)	73(20.1)	6(12.5)	4(8.3)	4(8.3)	0	14(29.2)	0	8(19.0)	0	0	8(19.0)	0	8(66.7)	0	0	8(66.7)
	>1 a wk	14(3.9)	44(12.1)	40(11.0)	8(2.2)	106(29.2)	0	4(8.3)	10(20.8)	0	14(29.2)	0	4(9.5)	8(19.0)	0	12(28.6)	0	0	0	0	0
	daily	0	8(2.2)	63(17.4)	47(12.9)	118(32.5)	0	0	6(12.5)	4(8.3)	10(20.8)	0	0	10(23.8)	6(14.3)	16(38.1)	0	0	0	0	0
	> 2 a day	0	4(1.1)	24(6.6)	38(10.5)	66(18.2)	0	0	4(8.3)	6(12.5)	10(20.8)	0	0	2(4.8)	4(9.5)	6(14.3)	0	0	2(16.7)	2(16.7)	4(33.3)
	Total	30(3.3)	102(28.1)	136(37.5)	95(26.2)	363(100)	6(12.5)	8(16.7)	24(50)	10(20.8)	48(100)	0	0	20(47.6)	10(23.8)	42(100)	0	8(66.7)	2(16.7)	2(16.7)	12(100)

Heavy or at risk drinking was more common among males than females across all types of alcoholic beverages. Eighty six and half percent of males who drink beer take three or more bottles and among these, 40.5% drink daily while 26.1% drink more than two times a day. Among males who take hot drinks, 47.1% drink three or more shots a day.

Table 5
Chi square Table of proportion of male and female youths with negative consequences of alcohol consumption (n = 465).

Negative consequences of Alcohol consumption		Gender		χ^2	df	Sig P
		Males	Females			
Consistently depending on alcohol to perform duties	Yes	201	51	47.616	1	.000
	No	105	108			
Unable to remember what happened the night before because of drinking	Yes	229	57	67.174	1	.000
	No	77	102			
Ever feeling guilty or remorseful after drinking	Yes	80	63	8.927	1	.004
	No	226	96			
Consistently did what one never intended to do because of drinking	Yes	220	67	39.215	1	.000
	No	86	92			

Table 5 shows that the proportion of male and female youths with negative consequences of alcohol consumption was significantly different at .05 level of significance across all four negative consequences of alcohol tested for.

Table 6
Chi square Table of proportion of youths by level of education with negative consequences of alcohol consumption. (n = 460)

Alcohol Problem		Level of Education			χ^2	df	Sig P
		PE	SE	TE			
Consistently depended on alcohol to perform duties	Yes	68	97	86	.997	2	.614
	No	50	79	80			
Unable to remember what happened the night before because of drinking	Yes	72	115	96	2.052	2	.358
	No	46	61	70			
Ever felt guilty or remorseful after drinking	Yes	39	44	59	4.803	2	.091
	No	79	132	166			
Consistently did what he or she never intended to do because of his or her drinking	Yes	75	110	100	.358	2	.836
	No	43	66	66			

Table 5 shows that the proportion of youths of various level of education with negative consequences of alcohol consumption was not significantly different at .05 level of significance across all four negative consequences of alcohol problems tested for.

Discussions

The findings of the study has revealed interesting results on the patterns and consequences of alcohol consumption of youths according to their gender and level of education and has being discussed accordingly.

Patterns and consequences of alcohol consumption according to gender

The study in Table 1 showed that greater proportion of youths (94.5%) were current drinkers of alcoholic beverages. Among these current drinkers, 65.8 percent were males while 34.2 percent were females. This is consistent with many research studies in Nigeria which showed the number of males who consume alcohol to be greater than the number of females who consume alcohol (Oshodin, 1995; Odejide, 2006). Drinking by as much as 34.2 percent of female youths in this area of study is an indication of the Igbo culture being eroded by mordenization. Traditionally in Igbo land, it is only appropriate for mature men to drink. Youths and particularly females are not permitted to drink and their drinking is perceived as ill-mannered. In many urban areas in Western Nigeria, selling of alcoholic beverages especially bottled alcoholic beverages is very common in apartments often referred to as beer palours. Both male and females in such areas are free to buy and drink in these beer palours. The communal life in many rural communities which enables elders to control drinking by youths and women is basically not found in the urban areas and so it is not suprising that large number of female youths in the area of study indicated that they are current drinkers.

Beer and stout is the most frequently consumed alcoholic beverages by youths in Nsukka urban as shown in Table 2. The availability of these brands of alcoholic beverages at all seasons is a possible factor which may have contributed to their being the drink of choice by both male and female youths. Vigorous advertising and promotion of the drinks by marketers of these brands of drink is capable of luring youths into drinking them. Dumbili (2013a; 2013b) noted that Nigerian Breweries that produce beer and stout often sponsor different youth programmes and events and these may encourage youths to drink them. Promotions such as drink and win free drinks and other gifts are also common with these brands of alcoholic beverages and such promotions usually attract youths. While greater proportion of male drinkers consume all brands of alcohol daily or more than once a day, female drinkers consumed all brands of alcohol once a week with the exception of beer and stout which some female participants also consume more than once a week (44.7%) or on daily basis (19.9%) and a small proportion of females take beer and stout (5.6%) more than once a day. The female youths' preference of beer and stout may be related to the beliefs associated with these brands of alcoholic drinks particularly stout. Some common believes about stout such as; stout releases menstrual pain, increases flow of breast milk, acts as emergency contraception, good for your heart (Ibanga, Adetula, & Dagona, 2009; Dumbili, 2016) and other such believes may be why this brand of drinks is very common particular among female drinkers. Again the introduction of various flavoured beer and low alcoholic beer seem to lure youths especially females to drinking. Mosher and Johnson (2005) noted that alcoholic drinks with sweet fruity flavors, colourful appearance and lower alcohol content are designed by producers to appeal to young women. Such drinks mask the taste of alcohol with the sugary flavors of soft drinks.

Male drinkers consumed more drinks than female drinkers (Table 3). None of the current male youth drinker drank less than one bottle, mug, shot or tumbler at a sitting. It is either one or more drinks, whereas 21 percent of current female youth drinkers who drink beer take less than a bottle in a sitting. Heavy or at risk drinking

was more common among males than females across all types of alcoholic beverages (Table 4). This is in line with Gureje et al. (2007) who found that heavy episodic drinking was common among drinkers. Previous studies have shown that males are more likely than females to engage in heavy or at risk drinking (WHO, 2000). In many cultures in Eastern Nigerian, drinking is considered the prerogative of men and sometimes heavy drinking is seen as male prowess.

Table 5 revealed that there is a significant difference in the proportion of male and female youths with negative consequences of alcohol at .05 level of significance. The more alcohol consumed, the more the chances of one having problem with alcohol. Since male youths drink more than female youths, it is logical that they have more alcohol problems than females.

Patterns and problems of alcohol consumption according to level of education

Only a very small proportion of youths who were current drinkers were without any formal education (1.1%) while a greater percentage had secondary (37.8%) and tertiary (35.5%) education (Table 1). Since this study was conducted in an urban area with numerous public and private educational institution including a federal university, it is not surprising that majority of the youths involved in the study had some formal education. Free basic Education in Nigeria has greatly reduced the burden of training children in school in Nigeria. Again, the presence of some tertiary institutions in the town has also provided an enabling environment for youths in Nsukka urban to acquire tertiary education. Table 6 showed that the proportion of youths of various level of education with negative consequences of alcohol consumption was not significantly different at .05 level of significance across all four alcohol problems tested. Contrary to our findings, Huerta and Borgonovi (2010) found that alcohol problems such as binge drinking, alcoholism, alcohol abuse were associated with level of education. Drinking however is a behaviour that is learnt out of the formal school setting and both educated and non educated youths interact in different social context that can predispose them to drinking. Again family background more than formal learning has been implicated in drinking habits of family members (Valentine, Jayne, Gould & Keenan, 2010).

Implications for health education

The findings of this study have implication for prevention of alcohol problems among youths in urban area. More males drink alcohol and a greater proportion are heavy or at risk drinkers. Health education on healthful drinking practices should target all males irrespective of their level of education. The content of such health education programme should include recommended quantity of drink that will not put individual at risk of alcohol associated diseases. Heavy or at risk drinking should be discouraged particular among youths. Such health education should start early before individuals develop drinking habits that are harmful. Such health education should address factors that tend to increase drinking among male youths such as drinking as a show of masculinity (Jayne, Valentine & Holloway, 2016).

Female drinkers should not be left out in such health education or preventive programmes. Although the number of male youths who drink and who engage in at risky drinking is more than the number of female youths, it is important to note that drinking was not the norm for females (Dumbili, 2013a) and as such if the gradual involvement of females in drinking is not controlled early, it may escalate to an unhealthy level.

Conclusion and Recommendations

The patterns of drinking of many youths particularly males in Nsukka urban are detrimental to health. Both male and female youths consume alcohol and the most consumed alcoholic beverages by youths in the area of study are beer and stout. Based on the findings of this study, we recommend that:

1. Appropriate drug education programmes that portray the health risk of heavy drinking should be mounted for youths to sensitize them on dangers of heavy drinking. Such programmes should target all youths irrespective of their level of education. Appropriate teaching methods such as using the electronic media and the internet that commonly appeal to youths should be used to present the programmes.
2. Drinking is not a sign of manhood. All such myths that tend to lure male youths into drinking should be tackled through appropriate health education. Alternative ways of exhibiting prowess and masculinity such as sports and creativity should be emphasized to male youths

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