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## Research Article

# Socio-cultural Correlates of Alcohol Use and Abuse among High School Students in Ota

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## Abstract

**Background and Objective:** Studies have linked young people with various risky behaviors such as smoking, drunk-driving, risky sexual behaviours and alcohol abuse. In reality of the increases in prevalence and incidence of alcohol consumption among students in urban areas in Nigeria, this study was structured to explore alcohol use and abuse among high school students in Ota with emphasis on determining the socio-cultural factors predicting alcohol use and abuse. **Materials and Methods:** The survey was a multistage stratified sampling survey of students in Ota, a popular suburb in the outskirts of the metropolitan city of Lagos. The participants comprised of 678 students (mean age = 15.59, SD = 1.96) who volunteered for the study. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and a structured questionnaire was used to collect data on the variables of interest. **Results:** This study revealed that parents use of alcohol, peer use, age at first use and community reactions (how elders react to young people's alcohol use or misuse) were significant predictors of alcohol use and abuse among young people. However, community reaction to drug use was the most significant predictor of participants alcohol use and abuse. This was closely followed by parental use, participant's age and peer influence. **Conclusion:** The sociocultural factors identified in this study exert tremendous influence on student's alcohol use and subsequent abuse.

**Key words:** Alcohol use, abuse, sociocultural, economic pressure, health risk, behavior analysis

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**Competing Interest:** The authors have declared that no competing interest exists.

**Data Availability:** All relevant data are within the paper and its supporting information files.

## **INTRODUCTION**

There are so many substances that are ingested to engender special bodily sensations. Of all of these substances, alcohol is culturally the most important by far<sup>1</sup>.

Traditionally, alcohol is part of the social fabric that dots the landscape in Nigeria and it is given several names such as emu (palm wine) among the Yorubas, ogogoro (local Vodka), burukutu and pito among others. In some parts of Nigeria, drinking constitute an important process of rites of passage that young people undergo. Also, alcohol drinks are used by traditional priests in addition to using it for celebration purposes such as naming ceremony (for babies), birthday celebrations, marriages and deaths. By identifying the socio-cultural variables that facilitates drinking, researchers, clinicians and government are better positioned to facilitate interventions that will reduce the incidence of risky alcohol consumption among young people.

Youth drinking has its consequences which include being victims of violent crime and alcohol induced vehicular accidents. Accidents may be due to impaired cognitive functions, anxiety and or depression. In Nigeria, studies have established that alcohol is the most used uncontrolled substance due to easy accessibility<sup>2,3</sup>. Currently, underage drinking is becoming one of the leading public health issues in Nigeria stemming from risks incurred from the use of alcohol<sup>3</sup>. According to Alacron<sup>4</sup>, the risky use of alcohol influences negatively the achievement of youths whether in school or out of school and those engaged in economic activities. The epidemic of alcohol and other substance misuse has become one of the most serious social and health issues facing the world and especially youths in Nigeria. This problem transcends the geographical area of Nigeria as many African countries are battling with unhealthy substances use with alcohol constituting a large percentage.

As stated by Mandelbaum<sup>1</sup>, alcohol consumption in some climes is important for a well-structured social order. This justifies why alcohol consumption in such climes is defined and limited by the fundamental motifs of the culture. Drinking leads to loss of healthy years of life world-wide<sup>5</sup>. Going by the account of a global study<sup>6</sup>, it was reported that alcohol, such as beer and wine, is a leading risk factor for death and disease, associated with 2.8 million deaths each year and the seventh-leading risk factor for premature death and disability globally in 2016. The study also revealed that drinking alcohol was associated with nearly 1 in 10 deaths of people ages 15-49 years old. Causes included tuberculosis, road injuries and self-harm.

Research has shown that socio-cultural factors such as parental use of alcohol may trigger the use of alcohol and other substances among young people. Culture is based on opinions rather than on facts. Culture can be shaped and tweaked over time<sup>7</sup>. Culture in this study encompasses all that is transmitted from one generation to another by stories, folklore and proverbs that helps in transmitting norms, values, beliefs and practices of a people. Culture therefore can be likened to a lens to view and make meaning of our world.

The socio-cultural factors for this study include community reactions to student's alcohol use and abuse (which may be accepting, discouraging or neutral), parental use, age at first drink, peer influence, current class and gender. These are factors that exert tremendous influence on student's alcohol use and subsequent abuse. As in the United States of America, underage drinking poses a threat to its victims and those around her/him<sup>8</sup>. In Nigeria, some young boys and girls initiate drinking before or while in high school and the consumption rate increases after graduation<sup>2</sup>. In a study, it was reported that young people who are not in school consume less alcohol when compared to those that attend college<sup>9</sup>.

Peer group as especially important in adolescent alcohol abuse<sup>10</sup>. According to this research peer influence in alcohol use cannot be qualified. Peers are important figures during development and some are so prominent that they assume parental roles and responsibilities. In a study, most adolescent consume alcohol because their peers do so<sup>11</sup>. Peer influence is a phenomenon peculiar to the adolescent stage because young people have the developmental tendency of wanting to associate with members of their age group<sup>12</sup>. A study revealed that young people get their first drink from peers and then parents<sup>13</sup>. Studies reported that young alcohol users do not find it difficult accessing alcohol and this has led to increased alcohol consumption among young people<sup>14,15</sup>. As reported, young people drink alcohol because it is widely available (44%) and due to adult model (40%)<sup>3,2</sup>. Another 20% reported that they were influenced by their parents. More than half of the respondents in another study<sup>16</sup> reported obtaining alcohol and other illegal substances first from a friend. In the National Drug Strategy Household Survey<sup>15</sup>, about 39% of underage young people reported obtaining alcohol from friends or acquaintances and 36% from their parents.

Adolescent alcohol use is also linked to parental<sup>17</sup> and sibling's alcohol use<sup>18</sup>. Studies have noted the family to be one of the strongest influences on youths' alcohol consumption. In a report between 19-27% of teens obtain alcohol from parents' 8% from relatives and 6% from siblings<sup>19</sup>. More data

on parent's permissiveness showed that parents do not care much as long as the consumption is moderate<sup>20</sup>. Data on the prevalence of drinking from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicated that a fourth of their sample (full time students) who is between 18 and 22 years consumed alcohol in the past month<sup>21</sup>. In a study, it was reported that school going adolescent consume more alcohol than their same-aged non-school going mates<sup>22</sup>. This implies that attending school positively reinforces alcohol consumption. There is no data to confirm the trend for Nigeria. In the United States, three conclusions on how peer pressure affects young people was highlighted<sup>22</sup>. One, a young boy/girl with friends who consume alcohol and other substances are more likely to do the same. Two, a young boy/girl who consume alcohol and other substances is more likely to influence others to do same and third, a young boy/girl who consumes alcohol and other substances will often look out for other young people who consume alcohol and other substances.

In the past, male children were much more likely than girls to experiment with alcohol in their teens, but today, the reverse is the case as there is increased consumption by females<sup>23</sup>. It is common place to observe that when children start school or young adults leave home for the first time, parents often begin to lose the influence they once had. For a majority of young people peers are their most influential group. In the United States, alcohol is used by more young people than tobacco or other illegal drugs. Information reveals that it is difficult to reject peer pressure<sup>24</sup>. Peer pressure is especially tough and statistics show that not enough teens are able to say "no". Some authors have suggested a positive association between the age at first drink and alcohol consumption<sup>25,26</sup> and frequency of drinking at young ages<sup>27</sup>.

Alcoholic beverages have been among the most widely used psychoactive substances by students in Nigeria. Also, in Nigeria, despite the growing body of evidence of serious health risks associated with illegal use of psychoactive substances the trend is increasing<sup>28</sup>. The Nigerian cultural society frowns at young people drinking alcohol especially without adult supervision but as Room<sup>29</sup> observed, drinking customs are not necessarily direct emanations of a culture as a whole. In this study, it was hypothesized that, will the independent variables predict student's alcohol use and abuse.

In this study, it was aimed to explore some socio-cultural variables such as gender, age, current class, parental use, community reactions to young people's alcohol use or misuse and peer influence that influences or predicts alcohol use in the study population.

## MATERIALS AND METHODS

**Participants:** This is a cross-sectional survey. Six hundred and seventy eight high school students were randomly selected from four public funded secondary schools in Ota, a popular suburb in the outskirts of the metropolitan city of Lagos, Nigeria. The research was conducted as part of a larger two-phase study from May, 2017-March, 2019. Ota has an area of 878 km<sup>2</sup> and a 2016 projected population of 733, 400. A stratified random sampling was employed in selecting the respondents to cater for demographic variables such as; school, age, sex and current class. Participant's inclusion criteria included being of at least 13 years of age and not more than 19 years. Of the 678 students, 388 (57%) participants were males and 290 (43%) were females. Participant's mean age was 15.59 years (SD 1.96 years). These and other demographic characteristics of the participants such as current class and age of first drink are presented in Table 1.

**Measures:** The descriptive method was adopted for this cross-sectional survey. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)<sup>30</sup> and an adapted and validated version of the World Health Organization<sup>31</sup> questionnaire on drug use surveys were employed for data collection. A research hypothesis was raised and tested. Data collected were analyzed using descriptive and inferential statistics. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed to be an effective response to the global public health challenges occasioned by substance use and abuse. Several specialist, clinicians and addiction researchers collaborated with the World Health Organization (WHO) to develop the ASSIST, with the main thrust being the facilitation of early detection and treatment of substance misuse issues<sup>30</sup>. The ASSIST (version 3.1) is an 8 item questionnaire designed to be administered by a health

Table 1: Distribution of respondents according to student's demographics

Variables	Frequency	Percentage
<b>Age of participants (years)</b>		
13-16	411	60.6
17-19	267	39.4
<b>Gender of participants</b>		
Male	388	57.2
Female	290	42.8
<b>Current class</b>		
Junior secondary school	406	60.3
Senior secondary school	269	39.7
<b>Age of first drink (years)</b>		
14	315	46.5
16	27	3.9
17	67	9.9
18	269	39.7

worker to a client using paper and pencil and takes about 5-10 min to administer. The ASSIST was designed to be culturally neutral and useable across a variety of cultures to screen for use of the following substances: tobacco products, alcohol, cannabis, cocaine, Amphetamine-Type Stimulants (ATS), sedatives and sleeping pills (benzodiazepines), hallucinogens, inhalants, opioids and other drugs. Some of the items are which substances have ever been used in the client's lifetime and the frequency of substance use in the past three months, which gives an indication of the substances which are most relevant to current health status and the frequency of experiencing a strong desire or urge to use each substance in the last 3 months among others.

**Socio-cultural measures:** The following variables were considered: parental use, peer influence, age at first drink, drinking behaviour and community reaction. These variables were measured using Alcohol Assessment Questionnaire (AAQ). Some of the items for the AAQ were adapted from the World Health Organization (WHO) questionnaire designed for drug study among student population. Some of the items are how often do you have a drink containing alcohol? do your father, mother or both consume alcohol and do your friends consume alcohol? To measure age at first drink, the students were asked the age at which they first started drinking and actual drinking from a bottle or cup and not just from tasting or sipping drinks.

#### **Psychometric features**

**Assist:** The phase I of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was pilot tested using the test retest reliability method. The WHO ASSIST phase II study group was conducted in 9 different countries between<sup>32</sup> 1997 and 1999. In order to ensure the psychometric requirements of the scale as advocated by Odukoya *et al.*<sup>33</sup> the reliability of the instrument was established by finding the internal consistency of the scale. The scale was administered once to 43 secondary school students and the internal consistency of the scale ranged from 0.87-0.91. It was found that ASSIST items were reliable and valid.

**Procedure for data administering the questionnaire:** The questionnaire forms were administered to the respondents with the aid of graduate students who are trained research assistants. The questionnaires were administered in the 4 selected schools. Copies of the questionnaire were administered to the students, 30 min into their 90 min afternoon preparation/tutorial classes. The head teachers introduced the research team after which the researchers were left with the students.

**Ethical consideration:** Prior to administering the questionnaire, the purpose of the study was explained to the participants. Participation was voluntary and there was no incentive given for participation. Those who agreed to participate and were 18 years of age and above signed a consent form as well as participants <18 years of age. Anonymity was assured by asking participants not to write their names on the questionnaire forms. Participants were free to opt out of the study whenever they wish. The Institutional Review Board (IRB) of Psychology Department, Covenant University, Ota, certified the study and its procedure as not constituting harm to the participants.

**Data collection/analysis:** The data were expressed as both descriptive and inferential statistical methods such as; frequency counts percentages and linear regression analysis, a  $p \leq 0.05$  was considered as significant. All statistical analyses were performed using excel and IBM SPSS Statistics (version 23).

## **RESULT**

**Demographic data:** This section shows the data obtained from the study in frequency counts and percentages.

Table 1 clearly indicates that respondents between 13 and 16 years made up the majority of the sample (60.6%). There were more males (57.2%) than females (42.8%). Table further indicates that majority of the students were in the junior class (60.3%). The age distribution shows that almost 14% of the students were within the age of 16 and 17, with the majority being 14 years (46.5%) and the remaining 269 (39.7%) being 18 years.

In testing the hypothesis, regression analysis was carried out on age, sex of participants' current class, age of first drink, parental use, community reaction and peer influence as predictor variables and students' alcohol use and abuse as the criterion variable as shown in Table 2. Community reaction was the strongest or most potent predictor of participants' alcohol use and abuse ( $\beta = 0.379$ ,  $t = 6.222$ ,  $p < 0.005$ ). This was closely followed by parental use ( $\beta = 0.232$ ,  $t = 5.260$ ,  $p < 0.005$ ), participants' age ( $\beta = -0.381$ ,  $t = -4.968$ ,  $p < 0.005$ ) and peer influence ( $\beta = -0.271$ ,  $t = 3.412$ ,  $p < 0.005$ ). Summary of the ANOVA is presented in Table 3.

The model summary as represented in Table 2 and 3 reveals that when all the predictor variables were entered into the regression model at once, there was a significant combined contribution of age and gender of participants' community reaction, current class, age of first drink, parental use and peer influence ( $R = 0.407$ ,  $R^2 = 0.166$ ,  $F_{(7, 670)} = 19.012$ ,  $p < 0.005$ ). In this study, 16.6% of the variation in student's

Table 2: Model summary and beta on combined contribution of the independent variables to the prediction of student's alcohol use and abuse

Parameters	Un-standardized coefficients		Standardized coefficients		
	B	Std. error	Beta	t	Sig.
Constant	9.769	2.591		3.771	0.000
Age*	0.381	0.077	-0.179	-4.968	0.000
Sex of participants	0.580	0.308	0.069	1.882	0.060
Current class	0.388	0.313	0.045	1.240	0.215
Age of first drink	0.096	0.079	0.043	1.213	0.225
Parental use	0.232	0.044	0.201	5.260	0.000
Community reaction	0.379	0.061	0.232	6.222	0.000
Peer influence	0.271	0.79	0.124	3.412	0.001
R = 0.407 <sup>a</sup>					
R <sup>2</sup> = 0.166					
R Adj = 0.157					
Std Error = 3.83698					

<sup>a</sup>Dependent variable: Alcohol use and abuse, \*Negative sign (-) means that for every 1-unit increase in the predictor variable age, the outcome variable [alcohol use and abuse] will decrease by the beta coefficient value, B denotes alcohol use and t denotes for abuse

Table 3: ANOVA summary on combined contribution of the independent variables to the prediction of student's alcohol use and abuse

Model	Sum of squares	df	Mean square	F	Sig.
Regression	1959.315	7	279.902	19.012	0.000 <sup>b</sup>
Residual	9864.042	670	14.722		
Total	11823.357	677			

<sup>b</sup>Predictors: Constant, peer influence, sex of participants, age of first drink, mean age, community reaction, current class and parental use

Table 4: Model summary on relative contribution of the independent variables to the prediction of student's Alcohol use and abuse

Model	R	R <sup>2</sup>	Adj R <sup>2</sup>	Std. err	R <sup>2</sup> change
Community reaction	0.277 <sup>a</sup>	0.077	0.075	4.01824	0.077
Parental use	0.329 <sup>b</sup>	0.108	0.106	3.95235	0.031
Age	0.374 <sup>c</sup>	0.140	0.136	3.88470	0.032
Peer influence	0.397 <sup>d</sup>	0.158	0.153	3.84681	0.018

<sup>a</sup>Predictors: (constant), community reaction, <sup>b</sup>Predictors: (constant), community reaction and parental use, <sup>c</sup>Predictors: (constant), community reaction, parental use and age, <sup>d</sup>Predictors: (constant), community reaction, parental use, age and peer influence

alcohol use and abuse appears to be accounted for by the combination of age and gender of participants, community reaction, current class, age of first drink, parental use and peer influence. The first part of the hypothesis which states that there is a significant relative contribution of age, sex of participants' current class, age of first drink, parental use, community reaction and peer influence in the prediction of student's alcohol use and abuse was accepted for community reaction, parental use, age and peer influence but rejected for sex of participants, current class and age of first drink. This implies that all the independent variables, when combined are good predictors of student's alcohol use and abuse, but in order to determine additive contributions of the independent variables to the prediction of students' alcohol use and abuse, a stepwise multiple regression analysis was performed (Table 4).

Community reaction was the first predictor to enter the regression equation based on the strength of its relationship with student's alcohol use and abuse ( $R = 0.277, R^2 = 0.077, F_{(1,676)} = 56.267, p < 0.005$ ). Community reaction alone

accounted for 7.7% of the variations in prediction of participant's alcohol use and abuse. Parental use was the second variable to enter the regression equation. When combined with community reaction, both predicted a significant contribution ( $R = 0.329, R^2 = 0.108, F_{(2,675)} = 40.943, p < 0.005$ ). The combination of parental use and community reaction were responsible for 3.1% of the variations in the prediction of participant's alcohol use and abuse. Parental use on its own accounted for 10.8%. The addition of participant's age along with the existing two (parental use and community reaction) to the regression equation as the third predictor variable yielded a significant contribution ( $R = 0.374, R^2 = 0.140, F_{(3,674)} = 36.492, p < 0.005$ ).

The combination of participant's age, parental use and community reaction were responsible for 3.2% of the variations in the prediction of participant's alcohol use and abuse. Participant's age alone accounted for 14% of this variation. Peer influence was the fourth and last predictor to enter the regression equation. When added to the existing three (parental use, community reaction and

Table 5: Summary of ANOVA on the relative contribution of the independent variables to the prediction of student's alcohol use and abuse

Model	Sum of squares	df	Mean square	F	Sig.
Regression	908.496	1	908.496	56.26	0.000*
Residual	10914.861	676	16.146		
Total	11823.357	677			
Regression	1279.140	2	639.570	40.943	0.000*
Residual	10544.217	675	15.091		
Total	11823.357	677			
Regression	1652.084	3	550.695	36.492	0.000*
Residual	10171.273	674	15.091		
Total	11823.357	677			
Regression	1864.321	4	466.080	31.496	0.000*
Residual	9959.036	673	14.798		
Total	11823.357	677			

\*All are significantly equal

participant's age), there was a significant contribution ( $R = 0.397$ ,  $R^2 = 0.158$ ,  $F_{(4, 673)} = 31.496$ ,  $p < 0.005$ ). These four accounted for 1.8% of the variation in students, alcohol use and abuse. Peer influence alone accounted for 15.8% of this variation. The summary of the ANOVA is presented on Table 5.

## DISCUSSION

This study revealed how some socio-cultural variables facilitates alcohol use and abuse among high school students. This study revealed that parents use of alcohol, peer use, age and community reactions were significant predictors of alcohol use and abuse among young people. This study shows that parents contribute to the decision made by children as it relates to alcohol consumption. Several studies<sup>34-39</sup> reported that parent's consumption of alcohol influenced future drinking behavior in their children. In other studies, the effect of parental drinking on children's drinking presented mixed reactions and results. The result by Barnes *et al.*<sup>40</sup> indicated no direct link between parental alcohol abuse and adolescent alcohol abuse. In another study, no relationship between parental drinking problems and alcohol-related consequences in children was reported<sup>41</sup>. Family is the basic social unit of society<sup>42</sup>. Therefore, it is assumed the drinking behavior of the adolescent will be influenced by the family, specifically, the parents. Parent's attitude towards alcohol often influences alcohol consumption of the adolescent. The attitude may be positive or negative. Heavy drinking parents have a higher percentage of adolescents who were heavy drinkers as compared to the abstaining parents and moderate drinking parents<sup>43</sup>. Also, adolescent's drinking patterns mirror their parent's drinking patterns<sup>3,43</sup>. Some parents believe when a parent provides alcohol to an adolescent and supervises the consumption, the adolescent is protected from the risky behaviors that are associated with drinking, however, peers predicted frequency of use while parental influence was minimal<sup>44</sup>.

In this study, participants were more likely to drink alcohol if they had age mates in their community who also drank alcohol. This result shows the persuasive influence of age on adolescent's alcohol consumption. Adolescent alcohol use is also associated with drinking by peers<sup>11</sup>, parents<sup>17</sup> and siblings<sup>18</sup>. A review of longitudinal studies found that friends are especially important in the initiation of marijuana use<sup>45</sup>. In a similar vein, another review of cohort studies<sup>46</sup> found that marijuana consumption by friends significantly influenced adolescent marijuana use. These studies show that there is a significant influence of both peer pressure and family pressure in alcohol consumption. Another study reported that low quality family interaction, lack of adult or parental monitoring and affection and general non-involvement with children predicts future drinking behavior<sup>47,48</sup>. Though parental influence remains important over time, peer influences clearly increase during adolescence and many studies suggest they may become the more critical factor<sup>49</sup>.

In traditional societies, it is believed that all adult members of the community takes care of the young ones, hence, older adults frown at younger people who drink even without knowing their parents. Even with the existence of all the negative consequences of adolescent's alcohol use the reaction of community members especially adults and the elderly and parents still continue to underestimate adolescent alcohol use with parents underestimating their own children's alcohol use the most. This finding supported the Social Learning Theory (SLT) which argues that adolescent alcohol consumption mirrors that of their parents<sup>50,43,51,42</sup>. This theory purports that people learn new behaviors by observing others and modeling that behavior. These new behaviors are then reinforced or altered by rewards or punishments by society or their role models. This study shows the need to further encourage older adults in the community to serve as watchdogs in curbing alcohol consumption as they represent parents. Also, parents are expected to serve as good role models to their children as children consciously or

unconsciously follow in the footsteps of their parents. This study draws attention to the dearth of information about the sociocultural characteristics of alcohol using students in Nigeria and highlights the magnitude of alcohol consumption among students in tertiary institutions.

### **CONCLUSION**

Socio-cultural factors such as parental use, age and peer influence and community membership are strong influences on students' alcohol use. Researchers found that the "burden" of alcohol consumption was worse than previously reported. They called for more regulations around alcohol use and said there is no amount of alcohol that is healthy.

### **SIGNIFICANCE STATEMENT**

The occurrence of alcohol consumption which often leads to hazardous drinking among students suggests the need for screening, assessment and treatment of substance use disorders in university settings. Longitudinal research and studies examining young people's motives for drinking and abstaining are needed to explore this further. The location and setting of the study may have contributed to the influence exerted by community members which was operationalized as community reaction. Hence, there is need for enlightenment campaigns for community leaders in order to effect a change in the attitude of community members, towards young people's alcohol use and abuse. The tolerant attitude of members may inadvertently encourage alcohol use.

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