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Date: Oct 4, 2022

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UNDERGRADUATES'ALCOHOLDRINKING IN SOUTHERN NIGERIA.

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#### ABSTRACT

This study is a cross-sectional survey examining alcohol availability and accessibility in some selected universities in Southern Nigeria and its impact on alcohol use. One thousand four hundred and ninety eight hundred students (n=1498) were purposively selected from different spots on the various campuses. Availability and accessibility were measured using the number of alcohol sales outlets within and around the campuses and the freedom students have in accessing alcohol. The alcohol use of students was

measured using World Health Organization's Alcohol Use Disorder Identification Test (AUDIT). 1

The results showed that 792 (52.8%) of the respondents indicated easy access to alcohol while the AUDIT result indicated that 53.3% of the students are high risk drinkers. It is recommended that the government should ban alcohol sale outlets operating close to academic communities and outlets in operation before the establishment of a university should be restricted in the sales of alcohol to students. Counsellors should organise more awareness programmes on the negative impact of alcohol abuse

## Introduction

Alcohol though associated with feelings of pleasure and sociability has negative impact on human health, safety and the economy. About two billion people across the globe consume alcoholic drinks while about 76 million currently have alcohol use disorders (Digest, 2011). The average alcohol consumption is highest in Europe followed by the Americans and Africa (Digest 2011) Approximately 11 million American youths under the age of 21 drink alcohol and nearly half of them drink to excess (American Medical

Association,AMA2010).The facts identified by AMA on youth drinking are heart-breaking: It causes;

nearly half of teens' automobile crashes leading to death.

youth suicides, homicides and fatal injuries.

sexual assaults and date rapes of teens and college students.

unprotected sex thus increases the risk of contracting HIV or other transmitted disease.

Nigeria, according to World Health Organization data(WHO 2011) has one of the highest adult alcohols per capital consumption rates in Africa at 12.3 litres of pure alcohol. The

youths (which include university students) are about half of the Nigeria 140 million

population (UNDP, 2007) are not exempted from the risky alcohol consumption .Risky

alcohol consumption has been reported among Nigerian undergraduates in past studies. In

1988 in a questionnaire survey among 636 undergraduates-at the University of Ilorin,

Kwara State,77% were reported as alcohol abusers (Adelekan, Abiodun, Imouokhom-

Obayan & Ogunremi ,1993): Adewuya (2005) in his study among university

undergraduates also found that 13.2% of the students had hazardous drinking habit, 3.1%

had Alcohol abuse and 0.73% had Alcohol dependence. Chikere & Mayowa (2011) found

that among 482 male undergraduates from four higher institutions in Owerri had alcohol

prevalence rate of 78.4%.

Alcohol consumption has negative consequences that are associated with alcohol disorder: ranging from heavy drinking to heavy episodic drinking, and finally alcohol dependence.

Heavy drinking goes beyond what is considered as moderate or socially acceptable. While

heavy episodic drinking (binge drinking) is occasional drinking that leads to drunkenness. Alcohol dependence is giving priority to alcohol over every other aspects of life. The global concern on alcohol hinges on the series of problems and attendant negative consequences on individual health, safety, the society and the economy. For example, alcohol is the world's third largest risk factor for disease burden. It is the leading risk factor in the Western Pacific and the Americas and the second largest in Europe. Furthermore, 320 000 young people between the age of 15 and 29 died from alcohol-related causes, resulting in 9% of all deaths in that age group.(WHO,2011) Some diseases are linked directly with alcohol abuse: alcohol dependence and alcoholic liver (cirrhosis), increased risk of cancers (cancer of the: lip, tongue, throat,, liver and breast).Aside health challenges, alcohol abuse increases the risk of physical injury from road accidents, violence; aggressive behaviour (Digest 2011) Liech liter et al(1998) reported higher rates of alcohol related aggression and anti-social behaviour such as fighting, unwanted sexual advances, and vandalism among athletes. Alcohol affects the academic life and progression of college and university students.

Alcohol drinking and abuse is influenced by many environmental factors which includes unrestricted access, early exposure to drinking in the family, messages in the media, community norms and attitudes, public and institutional policies and practices [Toomey and Wagenaar,2011] In addition, the level of exposure to alcoholic beverages and the setting and context in which the drinking takes place also play a role.(WHO,2011) Chaloupka and Wechsler[1996] reported that the level of drinking participation are all significantly higher among all college students when a greater number of outlets licensed to sell alcoholic beverages exist near campuses. Alcohol is made available around the campus through commercial providers in restaurant, bars, joints and liquor stores. In a study by Harvard School of Public Health [2003] it was found that availability of large volumes of alcohol [e.g. 24 and 30 cans of beer and kegs] low prices and frequent promotions and advertising of alcohol around college campuses are all associated with binge drinking. In most university campuses [with the exception of faith-based ones] in Nigeria, there is no strict regulation

that limits alcohol availability and accessibility. Though technically, sales of alcohol are not permitted but there is no restriction or monitoring of students access to alcohol. Most students buy and consume cans and bottles of alcohol within the campus and some visit outlets outside the school. Alcohol is readily available around the school and there is also unrestricted access to it by students.

The aim of the study therefore is first, to determine the availability and accessibility of alcohol around university campuses. The second was to determine the impact of alcohol availability/ accessibility on students' alcohol use. Though some studies as earlier indicated have established alcohol abuse among undergraduates but there is dearth of literature in Nigeria on accessibility /availability and alcohol abuse. Southern Nigeria was chosen for this present study because young adults have little or no restrictions to accessing drugs and drinks unlike their counterparts in the Northern region where there are religious restrictions on drinking

## Methods

### Participants

This study is a descriptive survey designed to enable a wider coverage of participants. Five universities were purposely selected from the three sub regions in Southern Nigeria.

Nigeria is broadly divided into two regions: South and North, and each region have three sub regions. The participants were approached at different spots (hostels, lecture rooms, cafeteria, car parks etc.) and those who indicated interest were chosen for the study.

Table 1: Demographic characteristics of respondents

Variables	Category	Frequency	Percentage
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Sex Male

Female

Total 1248

250

1498 83.3

16.7

100

Age 15 – 20 years

21 – 30 years

31 years and above

Total 354

1130

14

1498 23.6

75.4

0.9

100

School Type Public

Private

Total 1278

220

1498 85.3

14.7

100

Measures

A self administered Students' Alcohol Use Questionnaire was used for the study The questionnaire has three main sections: Section A contains the demographic variables (i.e.

gender, age, type of institution); Section B is the adopted World Health Organization's Alcohol Use Disorder Identification Test (AUDIT) questions, which were developed to identify individuals whose alcohol consumption has become hazardous; Section C contains items on alcohol availability and accessibility. AUDIT is the main instrument used for the study, it is a 10 item instrument questions that bother on the frequency and quantity of alcohol use. It is structured in a five response format, ranging from 'never' through 'monthly, less than monthly' 'weekly' to 'daily or almost daily use of alcohol'. 'Never' attracts a score of 0, 'monthly or less' attracts 1-2, 'weekly' attracts 3 while 'daily or almost daily' attracts a score of 4. Items 9 and 10 on the scale are structured to have three responses 'never', 'yes, but not last year' and 'yes during the last year', 0, 2 and 4 scores are attached respectively to these options. AUDIT has a maximum score of 40 and a minimum score of 0. A score of 0-7 is considered no/low alcohol related problem and a score of 8+ is considered hazardous drinking. AUDIT has been validated for use in Nigeria by Adewuya (2005) with a sensitivity of 0.94 and specificity of 0.92.

Availability of alcohol was measured through the number of sales outlets within and without the campuses. The authors assessed and confirmed that all the campuses have more than three sales outlets established close to them. In all the public universities, alcohol is sold officially at designated spots (staff club) but the private university used in the study has no facility yet students have the freedom to buy in cans and bottles outside the campuses and bring them in to consume.

## Procedure

Participants were approached at different locations (lecture halls, halls of residence, shopping malls, and cafeteria) on the campuses, their consents were obtained before administering the questionnaire. It was only those who indicated interest that took part in the study.

## Results

Table 2: Respondents' Risky Drinking levels

Variables	Category	Frequency	Percentage
Risky level	No/Low risk	700	46.7
	High risk	798	53.3
Total		1498	100
Dependence	High risk	148	18.6
	Moderate hazardous	309	38.7
	Severe hazardous	148	18.6
	Total	798	100
	Total	341	42.7

As shown in Table 2 798(53.3%) are high drinkers while 700(46.7%) are no/low drinkers. However, a closer scrutiny of participants with high risk drinking habit indicates that about 1 out of every 5 of such participant is at Dependence level with a high susceptibility to abuse alcohol.

Table 3: Accessibility and Availability of Alcohol to Students

Variables	Category	Total
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How difficult do you think I would be for you to get alcohol around your school, if you

wanted Impossible

Very

Fairly

Fairly easy

Very easy

Don't know 140(9.35%)

188(12.55%)

141(9.41%)

372(24.83%)

447(29.84%)

210(14.02%)

How will you rate the freedom students have to alcohol in your school Impossible

Very difficult

Fairy

Fairly easy

Very easy

Don't know 104(6.94%)

148(9.88%)

134(8.95%)

430(28.70%)

385(25.70%)

297(19.83%)

Table 3 indicates that majority of students [about 54.67%:fairly easy 24.83%; very ease 29.84%] claimed to have easy access to alcohol around their school should they choose

to buy

Table 4: t-test output for difference in risky drinking based on sex and school type of respondents

Variable Category Mean T Sig.

Sex Male

Female 10.07

5.66 7.397

.000

School type Public

Private 9.76

6.89 4.505 .000

Findings in Tables 4 indicate risky drinking is significantly different from respondents based on their sex and school type. It shows that male respondents (10.07) have a significantly higher risky drinking habit than their female (5.66) counterpart. In a similar manner, respondents in public schools (9.76) have a significantly higher risky drinking habit than their counterparts in the private school (6.89).

Table 5: ANOVA output for difference in risky drinking habit based on Age

Variable Sum of square Df Mean square F Sig

Age

Error

Total 16136.40

98977.37

115113.77 2

1495

1497 8068.20

66.20

121.86 .000

Table 5 shows the level of similarities or differences in risky drinking habit of respondents based on their age. The findings indicate that significant differences exist for age ( $F=121.86, p<0.05$ ).

Table 6: Duncan Multiple Range Test for significant difference in Age

Variables	Category	Mean	Subgroup
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Age	15 – 20 years		
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	21 – 30 years		
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	31 years and above	3.44	
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11.16

11.21 A

B

B

This follows that the measure of risky drinking for respondents aged 15 20 years (3.44) is significantly lower than those aged 21 30 years(11.16),and 31 years and above(11.21) Hence, older participants (21 years and above) are more at-risk to alcohol(see Table 6).

Accessibility to alcohol will not significantly affect the risky drinking levels of respondents

Table 7: Logistic regression output for the effect of accessibility to alcohol on risky drinking

levels

Variable Wald p-value Exp

Accessibility -0.156 18.574 .000

0.856

Constant 0.626 24.405 .000 1.870

Summary Statistics of Model

$\chi^2 = 18.937, p = .000$

Nagelkerke  $R^2 = 0.017$

Findings in Table 7 show a simple logistic regression analysis for the effect of accessibility to alcohol on the risky drinking levels of respondents. The result indicates that the variable (Accessibility) yielded  $\beta = -0.156$ , and Wald  $\chi^2 = 18.574$ , which is significant since  $p < 0.05$ . This implies that accessibility to alcohol has a significant effect on risky drinking levels of participants. The Exp ( $\beta$ ) value implies that the chances of being at a high risk drinking level is 0.856 times less likely for respondents who find it impossible or difficult to access alcohol, than for those with fairly or easy access to it. Respondents with fairly or easy access to alcohol have a higher possibility to be at high risk drinking level than their counterparts who find it impossible or difficult to access alcohol.

Table 8: Association between Accessibility to alcohol and Risky drinking levels

Risky Drinking levels

Accessibility df 2 p-value

No/low risk High risk

Impossible

Very difficult

Fairly difficult

Fairly easy

Very easy

Don't know 31.7%

39.9%

67.9%

25.1%

71.9%

44.4% 68.3%

60.1%

32.1%

74.9%

28.1%

55.6% 5

216.026 .000

Table 8 shows the association between accessibility to alcohol and risky drinking habit yielded  $F$  value of 216.03 at 5 degree of freedom (df), and  $p < 0.05$ . This result suggests that there is a significant association between accessibility to alcohol and risky drinking habit. Therefore, it implies that the risky drinking level varies according to the different levels of accessibility to alcohol.

## Discussion

The study has shown that there is alcohol availability and accessibility around universities in Southern Nigeria, particularly in public universities and this has impact on alcohol use among students. This result suggests that there is a significant association between accessibility to alcohol and risky drinking habit. Respondents with fairly or easy access to alcohol have a higher possibility to be at high risk drinking level than their counterparts who

find it impossible or difficult to access alcohol. The plausible explanation for this finding is that it is easy to obtain what is within your reach particularly what gives temporary or permanent pleasure and satisfaction. This is in consonance with previous foreign studies that alcohol drinking and abuse are influenced by many environmental factors which include unrestricted access, messages in the media, community norms and attitudes public and institutional policies and practices [Toomey and Wagenaar,2011].

The findings indicated that more participants have high risk drinking habits

[798(53.3%)](341 are Moderate hazardous level,309 are at Severe hazardous level and 148 are at Dependence level).This implies that one out of every five participants with high drinking risk is at Dependence level. This findings corroborated that of Chikere & Mayowa (2011); Adelekan et al(1993) who found a high prevalence of alcohol use among undergraduates in Nigerian universities. Male students were identified as high risk drinkers than female students. This is reflective of the African society where drinking is seen as part of 'men affairs'. Though with feminism moves and acculturation women and girls now take alcohol even publicly. Yet men still take the lead in drinking as confirmed with the findings of this study and some previous studies, Adelekan et al (1993) found 81% alcohol abuse among males.

A significant difference was found among respondents aged 21 and above, they are more at-risk to abuse alcohol. Those below 21 are still at lower risk maybe because they are yet to fully settle into the groovy life on campus. Chikere & Mayowa (2011) equally found a similar trend in their study, 92.2% among students aged 26 years and above abused alcohol more..Finally students from public schools (9.76) have a significantly higher risky drinking habit than their counterparts in the private school (6.89). In public universities there is more freedom and unrestricted access to buy and consume alcohol. There are also spots designated for sales of alcohol to staff, it is possible for students to get alcohol under disguise from staff clubs. The only private university used for the study has no staff club, thus alcohol is not sold inside the school premise.

## Conclusion

Alcohol abuse is prevalent among students in universities in Nigeria. This study has identified availability and accessibility of alcohol around the campus as a major cause of abuse. Alcohol abuse has negative health and academic consequences on young people, there is therefore the need to check the issue of availability and accessibility around university campuses. There is the need for environmental management approach to limit the availability of alcohol in and around our campuses. The state should come with policy and regulations for alcohol commercial providers around campuses

## Recommendation

It is recommended based on the findings of this study that there should be policy legislation and monitoring on alcohol use on campuses. The policy should focus on density or number of alcohol outlets around the campus, hours and days of sales, the minimum legal drinking age and the price of alcoholic beverages. The price of alcoholic beverages should be increased as suggested in previous studies as an effective strategy in reduction of alcohol drinking. Wagenaar and his colleagues in their meta **analysis** of 1003 estimates from 112 studies reported in Higher Education Centre Publication (2011) indicated that alcohol prices and taxes are universally related to drinking, the higher the price of alcohol the lesser people drink. The abuse of alcohol among undergraduates should be a source of concern to counsellors. The counselling centres manned by professional **counselors** should organize more awareness programmes on the dangers of alcohol abuse. There should also be more workshops and seminars on assertiveness training and healthy behaviours. Counsellors should be actively involved in the coordination of the '**Drug Free Club**' and other programmes targeted towards the reduction of alcohol abuse among students. School counsellors should help identify and treat those already dependent on alcohol.

## Limitation of the Study

A major limitation of the present study is the inadequate number of private schools used; only one private school was used. Thus the result on the private school may not be generalized to faith based universities. Despite this limitation the result from the public schools is representative, though more schools can be covered in the future and more demographic variables included.



## Sources

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