



EFFECT OF GENDER AND LOCALITY ON ALCOHOL ABUSE AMONG SECONDARY SCHOOL STUDENTS

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Abstract- This study investigated effect of gender and locality on alcohol abuse among secondary school students. 130 adolescents males and females selected from urban (n=77) and rural (n=53) were used for the study. The participants were between 14-20 years with a mean age of 17 years. 15 items questionnaire designed to measure substance abuse was for data collection. 2 x 2 factorial design was adopted while 2 x 2 analysis of variance F-test was used for data analysis. Findings revealed a significant influence of gender on substance abuse [F (1,126) = 11.8, $p < .01$]. A significant influence of locality was also observed on substance abuse [F (1,126) = 48.9 $p < .01$]. The study also showed a significant interaction effect of gender and locality on substance abuse among adolescents [F, (1,126) = 2565, $p < .01$]. Findings were discussed and recommendations were also made.

Keywords- gender, alcoholism, drug abuse, urban and rural dwellers, substance abuse

Introduction

Due to civilization and urbanization, most societal norms and values are fading gradually. As at the pre-colonial era the only alcoholic drink in Nigeria were palm wine and ogogoro (local dry gin) which were only used by adults and can as well be used for ceremonies and as medicine. Today civilization and science have increased the number of alcoholic drink in the society for example, spirits, beer, wine etc. This makes alcohol to be always available when needed. Based on this fact, many people especially youth now indulge in alcoholic drinking. Thus, majority drink it without control while others have made it part of their life. Others see it as an alternative to food. The trend is much among adolescents who use it for excitement, boosting of moral and so on. This ugly situation knows no boundary in relation to gender, culture, socio-economic status and even religion [1,2]. However, owing to the fact that most of these studies were done in Western world, the current study deemed it necessary to carry out similar study in Nigeria to determine the cross-cultural validity of the foreign result.

Alcohol use in Nigeria dates for back in history. Alcoholic beverages in the pre-colonial period consisted mainly of palm (or distillates of palm wine example "ogogoro") and fermented cereals such as guinea corn. Elaborated alcohol consumption by the priests and pouring of libations formed essential part of many religious ceremonies and rituals. In the main, alcohol played a social harmonizing role, as has been shown among Kofyar people near Jos [3]. Carnival drinking during important social events was characteristic of many traditional Nigerian communities [4]. The pattern and extent of drinking changed radically as trading the slave trade. Lynn-Pan [5] in her monograph gave a good description of how these economic contracts with European colonialists led to an upsurge in alcohol consumption in African. According to Lynn-Pan [5], alcohol was part and parcel of the commerce which for centuries constituted the

basic tie between Europe and Africa. It was an article of the barter system through which European goods were exchange for African slaves. Recent epidemiological studies in Nigeria have shown a change in the trend of alcohol use in the past few decades [6,7]. Prior to the 1970s alcohol was commonly used by adult males, and alcohol related health problems requiring hospitalization were found predominantly in males [8,9]. The abuse of alcohol by adolescents and the problems associated with it have become a great concern to researchers. Studies have linked alcohol consumption by adolescents to a number of negative consequences, ranging from vandalism to sexual assault [10,11]. According to U.S department of health human services [12] from age 16-17 years have the second highest rate 16.4% of current illicit drug use in the country. The highest rate was found among young people of 18-20 years [13]. An estimation of 1.1 million adolescents meet the diagnostic criteria for dependence and alcohol abuse among all substance of abuse are cannabis which is known on the streets as dope, pot, grass and weed, ECSTASY & cocaine [7,13-15]. Alcohol is the most frequently used substance in the United States. Nearly 90th of adult's reports some experience with drinking alcohol [13]. In Nigeria, research has revealed that a substance use prevalence rate of 71.7% (81.5%) of the adolescents substance users were males as against 18.4 females [14]. Ebie & Obiora [7] further noted an interesting wide spread of substance abuse among adolescents in many African countries. Makanjuola, et al [15] revealed the pattern of substance abuse among medical students in Nigeria. They observe a high rate of milled stimulant (alcohol and sedative/tobacco) use among the medical students. From the discussion above there is no doubt that alcohol use/abuse is a serious concern to many societies. Alcohol is a depressant, which means that it reduces the activities of the nervous system. It is regarded as a central nervous system depressant (DNSD). It is in the same family as valium [16]. As a depressant, its initial effect is an apparent stimulation; it gives a feeling of well-

being, reduces inhibition, and makes one to be more out-going [16]. This is because the inhibitory centers in the brain are initially depressed or showed down with continued drinking, however, alcohol depresses more areas of the brain, which impedes the ability to function properly Motor co-ordination is impaired (staging, slurred speech), reaction showed, it causes confusion and reduction in judgment ability even vision and hearing can be negatively affected [16]. However, maladaptive pattern of use of substance is regarded as substance abuse, most adolescents use/abuse alcohol for several reasons ranging from excitement, peer pressure, compliance etc.

The term "substance abuse" has a huge range of definitions related to taking a psychoactive drug for non-therapeutic or non-medical purpose. In the modern medical profession the two most used diagnostic tools in the world. The American psychological association's [17] diagnostic and statistical manual of mental disorder DSM and the world's health organizations international statistical classification of disease and related health problem (ICD) no longer recognize drug abuse as a current medical diagnosis; instead DSM IV has adopted substance abuse. ICD 10 refrains from using either "substance abuse or: "drug abuse" instead the term "harmful use" to cover physical and psychological harm to the user from use. APA [17] sees the following criteria as a condition for the diagnosis of substance abuse. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following within a period of 12 months:

- Recurrent substance use resulting in a failure to fulfill major role obligation at work, school or home
- Recurrent substance use in situations in which it physically hazardous
- Recurrent substance related legal problem
- Continued use of substance despite having persistent or current social or interpersonal problems cause or exacerbated by the effect of the substance [17].

All these definitions imply a negative judgment of the drug in question (compare with the term responsible drug use for alternative views). Some drugs most often associated with this term include alcohol, amphetamines, barbiturates, Benzodiazapine, cocaine, methaquacone and opioids uses of this drugs may lead to criminal penalty in addiction to possible and criminal penalty in addition of possible social, and psycholophysical harm both strongly depending on the local jurisdiction [18].

Causes of Alcohol Abuse

According to a report by CAMY [19] and other researchers, the following were identifies as why adolescents drink/or abuse alcohol

- To experiment
- To socialize
- To test limits
- To belong to peer group
- Societal and media influence
- Genetic influence
- To deal with problems
- To give their lives meaning
- To deal with the challenges of adolescence

Specifically, teenage girls say they use alcohol to improve mood,

increase confidence, reduce tension, cope with problems, lose inhibitions, feel sexy or lose weight [20]. Teenage boys, on the other hand, are more likely to use alcohol or drugs to experience getting high or to enhance their social status [20]. Other factors that play a role in whether or not a young person drinks include genetics, personality, psychiatric disorders, suicidal behaviour, expectancies about alcohol, the environment in which they live and traumatic experiences. Overall, adolescents between the ages of 12 and 14 believe that the positive benefits of drinking (feeling good, fitting in with peers) are more likely to happen than the negative effects of drinking. However, despite this optimism, there can be no denying the negative cost of drinking by teens. Alcohol is a factor in the leading causes of death among young people: accidental injury, suicide and murder [19]. Other consequences include addiction, poor performance in school, hampered memory and learning ability, risky behaviours, sexual vulnerability and victimization. Alcohol goes directly into the bloodstream, physically affecting the whole body. According to CAMY [19] some illness and health problems caused by alcohol include:

- **Hangovers:** Headaches, nausea, vomiting, aches and pains all result from drinking too much. Drinking to the point of drunkenness makes you sick [19].
- **Weight Gain:** Alcohol is not water. A beer has about 150 "empty" calories that provide few if any nutrients [19].
- **High Blood Pressure:** Along with being overweight, high blood pressure is associated with many serious health problems [19].
- **Depressed Immune System:** Impaired immunity makes you more likely to contract viral illnesses such as flue and infections [19].
- **Cancer:** 2-4% of all cancer cases are related to alcohol. Upper digestive tract cancers are the most common hitting the esophagus, mouth, larynx, and pharynx. Women who drink prior to menopause are more likely to develop breast cancer. Your risk of skin cancer doubles if you drink slightly more than "moderate levels". Some studies implicated alcohol in colon, stomach, pancreas and lung cancer. And let's not forget the liver [19].
- **Liver Disease:** Heavy drinking can cause fatty liver, hepatitis, cirrhosis, cirrhosis and cancer of the liver. The liver breaks down alcohol at the rate of only one drink per hour [19].
- **Alcohol Poisoning:** Drinking large amounts can result in alcohol poisoning, which causes unconsciousness and even death. Breathing slows, and the skin becomes cold and may look blue. Don't let a person in this condition "sleep it off" call 911 [19].
- **Heart of Respiratory Failure:** Excessive drinking can have serious results. Heart or respiratory failure often means death [19].
- Other long-term effects of heavy alcohol use include loss of appetite, vitamin deficiencies, stomach ailments, sexual impotence, central nervous system damage and memory loss [19].

Though, much has been said, about substance abuse (alcohol) little or none has been said about substance abuse in relation to gender and locality. From the history it is discovered that drinking of alcohol is for in adult males [3]. Today, the story is different as many researchers have observed little or no gender difference in alcohol abuse especially among adolescents [2,21]. In addition, studies done in the western world revealed cultural differences in alcohol abuse [22,23]. Surprisingly, empirical works on the level of

drug abuse especially alcohol are lacking in relation to variables such as gender and locality in Nigeria specifically – Igbo cultural engagement. Based on this gap, the current study is interested in looking at the roles gender and locality play in alcohol abuse among adolescents.

The aims of this study were to examine whether there will be a significant effect of gender on alcohol abuse among secondary school students and to determine whether there will be a significant effect of locality on alcohol abuse among secondary school students. Therefore the following problems would be addressed in this study. Will gender significantly influence alcohol abuse among adolescents? and Will locality significantly influence alcohol abuse among adolescents?

Hypotheses

There will be no significant effect of Gender on alcohol abuse among Secondary School Students.

There will be no significant effect of locality on alcohol abuse among Secondary School Students.

Methods

Design/Statistics

2x2 factorial design was adopted based on two independent variables Gender (males and females) and locality (urban/rural) with two levels each in relation to alcohol abuse as dependent variable. In addition, 2 x 2 analysis of variance, F-test statistic was used for data analysis

Participants

A total of 130 adolescents comprising 77 from urban area (37 females and 40 males) 53 from rural area (28 males and 25 females) were used for the study. The participants were within the age range of 14-20 years with a mean age of 17 years. The urban participants were selected among the students of City college Secondary School Enugu North Local Government while the rural participants were selected from Ndi-Agu Akpugo community secondary school Nkanu West Local Government all in Enugu state. All the participants were selected from senior secondary I and II classes.

Instruments

A 15 item questionnaire with Likert response format designed to measure drug abuse was used. The items of the questionnaire were worded positively with strongly agree give point, Agree four point, Undecided three point, Disagree two point, Strongly disagree one point. Hence a highest possible score of 75 and a least possible score 15 could be obtained by any given respondent. Thus scores between 15-40 indicate moderate abuse of alcohol while 41-75 indicate high level of alcohol abuse). However, the items of the questionnaire were validated on a facial basis. The split-half reliability co-efficient of the instrument was 0.53 at $p < .01$ level of significance.

Procedure

A total of one hundred and forty copies of questionnaire were distributed within a period of four weeks to selected participants for this study. After receiving approval from the school authorities to conduct the research, the researcher with help of form teachers approaching the students in their various classes. A simple random systematic sampling technique making use of every 10th case was adopted to select the participants. Eight copies were distributed to

urban participants while sixty copies were distributed among rural participants. The distribution of the questionnaire for the selection of the participants was done in the class rooms. Finally, only 130 copies that were correctly filled and returned were used for data analysis.

Results

Table 1- Mean scores of the effect of Gender and Locality on Alcohol Abuse among secondary school students

	Urban Locality	Rural Locality	
Male	$X_{11} = 41.5$	$X_{21} = 31.1$	$X_1 = 36.3$
Female	$X_{12} = 49.21$	$X_{22} = 36.0$	$X_2 = 42.6$
	$X_1 = 45.4$	$X_2 = 33.63$	

From Table-1, female adolescents obtained a mean of 36.3 on drug abuse while their male counterparts had a higher mean of 42.6 compare to that of rural participants with a mean 33.6. Since higher mean indicates high rate of drug abuse, this indicates that male adolescents abuse drugs more than female adolescents. In addition, adolescents who live in the urban area abuse drugs more than those who live in the rural area.

Table 2- Summary table of two ways ANOVA using the method of Unweighted Mean on the Effects of Gender and Locality on Alcohol Abuse among Secondary School Students

	Source of variation	Sum of squares	Df	Mean square	F	p
A	Gender	1035.8	1	1035.8	11.8	<.01
B	Locality	4290.44	1	4290.44	48.9	<.01
A X B	Gender and locality interaction	224996	1	224996	2565.5	<.01
Within cell	11048.4	126	87.7			

Result as shown in Table-2 revealed that a statistically significant different exist, between male and female adolescents on drug abuse ($F(1, 126) = 11.8, p < .01$). Thus, the first hypothesis which stated that there will be no significant effect of gender on drug abuse among adolescents was rejected. The mean table revealed that males abuse drugs more than females. Result also show a statistically significant difference between urban and rural adolescents and drug abuse ($F(1, 126) = 48.9, p < .01$). The second hypothesis which stated that there will be no significant effects of locality on drug abuse among adolescents was rejected. The mean table revealed that urban participants abuse drugs more than rural participants (Urban=45.4; Rural= 33.62). There was also a significant interaction effect ($F(1, 126) = 2565.5, p < .01$). Male adolescents living in urban area abuse alcohol more than male adolescents living in rural area. Also female adolescents living in urban area abuse alcohol more than female adolescents living in rural area.

Discussion

The outcome of this study revealed that the two hypotheses tested in this study yielded significant outcome. The first hypothesis which stated that there will be no significant effect of gender on alcohol abuse among secondary school students was rejected; this means that gender as a factor yielded a significant effect on alcohol abuse with males abusing alcohol more than females. The problem of adolescents drug abuse is no longer new in our society. Constant youth restiveness and other social vices have been attributed as products of drug abuse.

However, the outcome of this hypothesis did not support the finding of some western studies. The finding contradicts with the finding of McKenzie [2] who reported that teenage girls drink as much as their male counterpart. Similar findings were also reported by Hilton [23] who observed high level of drinking among adolescent girls than boys. The difference in the present study may be attributed to societal factor. In America, it is normal to see a woman drinking alcohol or smoking cigarette but it contradicts societal norm in Nigeria. This brings a question on the efficacy of the campaign against drug abuse towards controlling drug abuse among adolescents. From the research findings males abuse drug more than females. This may be attributed to societal factor. We live in a society where men are perceived as superior. There are some behaviours that if emitted by a boy, the society may not take it too seriously but if such behaviour is emitted by a girl the society will see it as a taboo. For instance drinking of alcohol, smoking of cigarette or Indian hemp, when a woman engage in such behaviours in African culture such woman is been labeled a prostitute and so on. But when taken by a boy, the society may regard the person as a fast-guy. This gives the boys more ground to indulge in such unwanted behaviours than girls. Above all, the girls are always closer to their parents who always notices change in their children's behaviour. Unlike the boys who are always out of home and always have the opportunity of following bad gang. Most of the male adolescents in secondary schools engage in cult activities. This helps to promote anti social behaviour such as drug abuse, rape and truancy [21,23]. Though several studies have been conducted in Nigeria on drug abuse [8], Ebie & Obiora [7] the present study did same with reference to gender and locality difference.

Furthermore, the second hypothesis which stated that locality will not significantly affect alcohol abuse among secondary school students was also rejected. This shows that adolescents living in the rural area differ significantly from those living in the urban area in relation to drug abuse. The outcome of the study revealed that adolescents who live in the urban areas abuse alcohol more than those who live in the rural areas. However, the reason for high rate of drug abuse in the urban areas than rural areas maybe in the urban areas than rural areas may be attributed to many factors such as parental negligence, exposure to drugs and too many bad gangs [24]. Most parents in the urban areas are either in the public service or business moguls that give little time to pay attention to their children. By virtue of this, the children are at the mercy of the gang they move with. In addition, adolescents in the urban area are exposed to technology such as television and internet. Most of them learn indecent behaviours from such devices. In addition, most parents especially those in the urban area tend to be liberal to their children. This gives the child the impetus to engage in indecent behaviour with the hypothesis that their parents would into punish them. However, the outcome of this study did not only show case high rate of drug abuse, it went further to reveal that the problem is more among males and urban participants. Finally, a significant interaction effect of gender and locality was observed on substance abuse (alcohol) among adolescents. In other words, adolescent's males living in the urban areas abuse substances more than those who live in rural areas. Also, adolescent's females living in the urban area abuse substance more than those who live in the rural. The outcome of this study has obvious implications. From the finding of this study, stakeholders in the fight against substance abuse will see adolescents as a target population especially males. With the finding of this study, school authorities will call it a priority to include

in their curriculum a subject that will help adolescents desist from substance abuse.

Suggestions for Further Research

Based on the findings of this study, further researchers are suggested to carry similar study with other variables like socio-economic background, cultural variation as well as religions. Further researchers should also dwell on the major causes of drug abuse especially among males. In doing this, they should also increase the number of their participants.

Conclusion

A significant influence of gender was observed among adolescents with males abusing substance (alcohol) more than females. Locality was also found to significantly influence substance abuse (alcohol) among adolescents. Adolescents who live in the urban area are abusing alcohol more than those who live in the rural area. A significant interaction effect of gender and locality was also observed on alcohol abuse among adolescents. That is adolescents males who live in the urban areas abuse alcohol more than those who live in the rural areas. In addition, adolescents' females who live in the urban area abuse alcohol more than those who live in the rural areas. Based on the outcome of this study, future researchers should carry out similar study in other localities to determine the cross validity of the findings of this study. In addition, parents especially those in the urban areas should pay more attention to their wards with a view to knowing when they are moving with bad company. School authorities should include into their curriculum subject that teaches against drug abuse and other social vices such as moral education. Above all, they should make a stiff penalty for anyone caught in such behaviour to differ others. In addition, school authorities in the urban areas should as a matter of priority organize constant lectures and seminars on the adverse effect of drug abuse to the individual and society at large. National drug law enforcement agency should also live up to the expectation towards eliminating illicit drug especially marijuana in the society. They should focus more on urban areas where the problems is higher.

Conflicts of Interest: None declared.

References

- [1] Buchholz G., Bauk M., Ryan I.K. (2005) *Descriptive Epidemiology of alcohol use and problem drinking among adolescents: data from a school based national sample*, Missouri Alcohol Research Center: Washington University School of Medicine.
- [2] McKenzie D. (2000) *Under the influence". The impact of alcohol advertising on youth, association to reduce alcohol promo/in Ontario*, Policy and Program Analyst, ARAPO.
- [3] Netting K.P. (2004) *Nigeria Journal of Social Sciences*, 13(4), 25-32.
- [4] Odejide M., Olatawuru K. (2007) *History of alcohol abuse in Nigeria: Petty Press Lagos*.
- [5] Lynn-Pan E.M. (2005) *Nigeria Journal of Sociology*, 16(12), 211-220.
- [6] Chein I. (2004) *The road to alcohol abuse*, Basic Books, New York.
- [7] Ebie C.T., Obiora U.M. (2006) *Quarterly Journal of Studies on Alcohol*, 32, 136-147.
- [8] Asuni P.C. (2005) *Nigeria Journal of Psychiatry*, 32(5), 154-159

- [9] Odejide, M. (2008) *Alcohol use in Nigeria*, Petty Press Lagos.
- [10] Charles P., Springfield C. (2005) *Problem drinking among adolescents*, Rutgers Center of Alcohol Studies, New Brunswick, NJ.
- [11] Kaplan E.H., Weder H. (2004) *Drug don't take people, people takes drugs*, Cycle Start, Secaucus NJ.
- [12] United State Department of Health & Human Services (2006) *Youth and underage drinking: An overview*, Highlights from SAMHSA'S National household survey on drug abuse.
- [13] Office of Applied Studies (2007) *National household survey on drug abuse*, Substance abuse and mental health services administration, Rock ville, MD.
- [14] Okwaraji B.K. (2006) *Nigeria Journal of Social Sciences*, 18 (12), 131-136.
- [15] Makanjuola P.K., Daramola U.C., Obembe K. (2007) *Nigeria Journals of Sociological Studies*, 15(10), 54-60.
- [16] Durand V.M., Barlow D. (2003) *Abnormal psychology: An Introduction*, Wadworth, Canada.
- [17] American Psychological Association (1994) *Diagnostic and statically manual of mental disorders*, 4th ed., Washington DC.
- [18] Medical Nursing & Allied Health Dictionary (2002) *Nursery Diagnosis*, 6th ed.
- [19] Center on Alcohol Marketing and Youth (2003) *Youth exposure to alcohol advertising center for marketing and youth*.
- [20] Brone M., O'Connel O. (2003) *Reducing underage drinking: A Collective Responsibility*, Institute of medicine national research council of the national academies, National Academic Press, Washington DC.
- [21] Helzer J.E., Canino G.J. (2002) *Alcoholism in North American, Europe and Asia*, Oxford University Press, New York.
- [22] Cahalan D., Room R. (1974) *Problem drinking among American men*, Rutgers Center of Alcohol Studies.
- [23] Hilton M.E. (2008) *British Journal of Addiction*, 82, 13-25.
- [24] Hegedus K.L. (2004) *Archives of General Psychiatry*, 37, 571-576.