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The Causes and Effects of Alcoholism Among Youths in Akun Development Area of Nasarawa State, Nigeria

Saka Aishat Oluwatoyin[1]

Omolola Atanda[2]

Saka Mohammed Jimoh[3]

Isiaka Babita[4]

Abstract

Alcohol misuse is a contemporary social problem of enormous economic significance, which exacts a high toll of human suffering as a result of the social, psychological and medical harms to which it gives rise. Alcohol is the most commonly abused drug by the youth. This study was carried out to determine the causes, effects and attitude of youths towards alcoholism consumption with ultimate aimed at finding out the negative alcoholism on human health. It was a cross sectional study carried out among 518 youth aged 15- 40 years in Akun Development Area of Nasarawa State. Most of the respondents 87% that consumed alcohol are males while, 13% are females. Consumption of alcohol was due to influence of friends in 88%, family problems in 15%, and stress in 2%. Some of the respondents 38%, felt satiety after consumption of alcohol. Negative outcome of excessive consumption of alcohol include broken home in 39% and malnutrition in 9% of the respondents. There was an attempt to stop consumption in 60% of respondents. The medical effect of alcohol according to the respondents are liver cirrhosis 55% while 13% say the medical effects of alcohol is memory impairment.

It was concluded that excessive alcohol consumption is not good for the youth due to grievous social, economic, spiritual and medical consequence effects. It was recommended that youths should be continuously educated on the dangers of alcoholism.

Key world: Alcoholism, Cause, Effect, Youths, Nigeria

[1] Department of Epidemiology and Community Health, Faculty of Clinical Sciences, College of Health Sciences, University of Ilorin, Kwara State, Nigeria.

[2] Department of Computer Sciences Faculty of Natural and Applied Sciences, Nile University of Nigeria, Abuja, Nigeria.

[3] Department of Pediatric and Child Health, Faculty of Clinical Sciences, College of Health Sciences, University of Ilorin, Kwara State, Nigeria.

[4] Department of Business Administration, faculty of management Sciences, University of Ilorin, Kwara State, Nigeria.

Introduction

Alcoholic beverages have been a part of social life for millennia, yet societies have always found it difficult to understand or restrain their use. Alcohol is widely known to gladden a man's heart as such is used in various social gatherings such as funerals, marriages and child's naming ceremonies. However, it can be dangerous if misused or taken in excess. Alcohol has toxic effects on the myelination process in youth. Myelination helps stabilize and speed brain processes. Disruption of the myelination process can lead to cognitive deficiencies (Lewohl et al., 2000)[1]. The pharmacological effects of alcohol and other chemical substances most immediately interfere with optimal brain functioning. Continued use of alcohol and other drugs over time may keep youth from advancing to more complex stages of thinking and social interaction.

Young drinkers want to feel different when they drink. Some of the reason's youth drink include to relax and lower their inhibitions in social situations, to reduce stress, tension, and worries. To increase courage and feelings of power, to enhance sexual attractiveness and performance. To satisfy their curiosity about the feelings that alcohol produces or feel more grown up. Youth with alcohol use disorders often perform worse on memory tests and have diminished abilities to plan (Bonnie and O'Connell, 2004)[2].

Young people who start to drink before the age of 15 years are reported to be four times more likely to meet criteria for alcohol dependence at some point in their lives (Grant and Dawson, 1997)[3]. Early alcohol use is associated not only with more regular and higher levels of alcohol use and dependence in adulthood, but also with more mental health and social harms (McCambridge et al., 2011)[4].

Alcohol is the world's third largest risk factor for disease and contributes to 4% of the global burden of disease (Rehm et al., 2009)[5]. It is estimated that ~2.5 million deaths each year are directly attributable to alcohol, with 9% of deaths in the 15- to 29-year age group

being alcohol-related (WHO, 2011)[6]. When data from the World Health Organization's Global Burden of Disease study were used to calculate cause-specific disability-adjusted life years (DALYs) for young people aged 10–24 years, the main risk factors were found to be alcohol (7% of DALYs), unsafe sex (4%), iron deficiency (3%), lack of contraception (2%) and illicit drug use (2%) (Gore et al., 2011)[7].

Peers influence are at greater risk of engaging in similar behaviours themselves (Gardner and Steinberg, 2005)[8]. Peer acceptance is a potent social reward for adolescents (Rubin et al., 2006[9]; Guyer et al., 2012)[10] and is associated with high self-esteem and social competence. Having friends who drink increases the likelihood that young people will drink too. Young people are also influenced by how much their friends are drinking. Having older friends and spending more time with drinking friends are likely to promote excessive drinking (Bremner et al., 2011)[11]. Parental expectation and involvement in social activities has been shown to moderate alcohol use (Nash et al., 2005[12]; Wichers et al., 2013[13]) and religious affiliation also shows a protective effect. Factors that influence drinking, drinking frequently and drinking to excess include lower levels of parental supervision, exposure to a close family member who drinks or becomes intoxicated, easy access to alcohol and positive expectations of alcohol (Bremner et al., 2011)[11].

Genetic predisposition accounts for about half of the risk in the development of alcohol dependence. Youths with a positive family history of alcohol problems are at greater risk of developing an alcohol problem, and at a younger age, than their peers with negative family histories. Genetic factors may have more influence on drinking behaviour in late than in earlier youths (Rose et al., 2001)[14].

There is no issue of greater concern in our society today, whether it is to health, industry, state or church, national or family life, than that of alcohol and its effects. The knowledge that scientific research, history and human observation revealed has proved clearly that alcoholism is a problem which must be undertaken from different approaches. No one attitude or objective field of service can operate independently with complete success.

The level of alcohol addiction in Nigeria is growing in a geometric speed and the consumption percentage is very alarming. The number of crates of beer consumed in a day,

especially on Sunday, calls for higher supply to alcoholic producing companies and on the other side of the coin, calls for a social rethink.

Wondering on the increasing craves for alcoholic drink, one will foresee the corresponding health, psychological, social and economic dangers it poses to our nation Nigeria. The woes that betide victims of alcoholism like cases of family separation, psychological trauma, serious health issue, financial bankruptcy, several road accidents and deaths have never served as a deterrent to upcoming alcoholic drinker. The more people are affected, the more the quest for "mixed wine" Also the taste and nature of many alcoholic drinks in Nigeria awakes the mind to critical questions. It is had been observed that different brands of beer in Nigeria are very bitter and gins are very hot, yet the rate of consumption is too high and unbearable. The evidence is quiet glaring in different bars and joints where a single individual consumes a crate of beer or even more, staggering home without counting the cost both financially and health wise.

Therefore, critical questions arise: what are the principal factors responsible for the high consumption of alcohol among the youth in our society? Are there measures taken to curb this social menace and what result have they yielded? If those measures or steps taken to checkmate this ill proved abortive, what is the cause? Who bears causative responsibility for alcoholic problems, the producers or the promoters or the consumers? If previous measures to arrest alcoholism have failed, are there new measures that can be applied or added to the failed one in order to achieve a solid and lasting result? What is the role of the church to combat this evil betiding our society if other institutions have failed in their attempts? The researcher saw these existing states of affairs as societal hurdles that require a tactical approach. These questions are great challenges and mathematical puzzles if left unsolved will foster the increase of this social ill.

This research work to a reasonable extent analyzes causes and effects of alcoholism on mental development of youth aged 15-40 years and offers solutions. The study specifically, identified the causes of alcoholism in youths aged 15 – 40years., determined the attitude of youths toward alcohol intake, identified the effects of alcohol consumption among the youths and prefer solution based on the research findings.

Methodology

It was a cross sectional study carried out among 518 youths that were randomly selected in Akun Development Area of Nasarawa State, Nigeria. The instrument used consist of both close-ended and open-ended questions formulated by the researcher based on the objectives of the research.

The tool was pre tested and administered to the randomly selected youths after validation. The researcher personally administered the questionnaires to the appropriately selected subjects by visiting them in the bars, and also in their home. Also, the researcher used the questionnaires to conduct oral interview for illiterate respondents, and also the researcher read and explained to them, which they were allowed to select one response and it was tick by the researcher.

The data for the study was derived from the responses of people through questionnaires among youth aged 15 – 40years

The data collected, was collated and records were treated as raw data, analysis were score and then converted into frequency and percentage in tables using SPSS software, the test of significant was set at p value ≤ 0.05.

Results

Table 1: Sociodemographic Characteristic of the Respondents

Sociodemographic	Frequency	Percentage
Age		
15 – 25	73	14%
26 – 35	186	36%
36 and above	259	45%
Total	518	100%

Sex		
Male	363	70%
Female	155	30%
Total	518	100%
Occupation		
Student	155	30%
Civil Servant	109	21%
Farming	171	33%
Business	83	16%
Total	518	100%

The above Table 1: indicates that 70% of the respondents are males while 30% are females, most of the respondents are farmers (33%) while the least occupation are Business owners (16%).

Table 2: Consumption of Alcohol by the respondents

Variables	Frequency	%
Age (years)		
15 – 25	176	34%
26 – 35	187	36%
36 above	155	30%
Total	518	100%
Gender (Sex)		
Male	451	87%
Female	67	13%
Total	518	100%
Respondents signs and symptoms of alcohol addiction		
Loss of memory	259	50%
Confusion	104	20%
Sleeping	98	19%
Disorientation	57	11%
Total	518	100%
Time of the day consumption is high		

Evening	228	44%
Morning	130	25%
All the time	98	19%
None of the above	62	12%
Total	518	100%
Respondents reaction after Consumption of Alcohol		
Feel okay	197	38%
Feels no shy	187	36%
I lost my memory	72	14%
None of the above	62	12%
Total	518	100%

Table 2 above revealed that 87% of the respondents who take alcohol most are male, while 13% are females, most which are in active age group of 26-35 years (36%). Loss of memory (50%) is said to be the commonest complains after the consumption of alcohol which is commonest in the evening (44%). Some of the respondents 38% said to have been feel okay after taking alcohol, while 12% do not manifest any symptoms

Table 3: Causes of Alcohol consumptions among the youth

Variable	Frequency	Percentage
influenced of Friends		
Yes	456	88%
No	62	12%
Total	518	100%
N**umber of** Respondents friends that influences		
3	140	27%
4	52	10%
5	264	51%
5 and above	62	12%
Total	518	100%

The Table 3: above shows

that 88% of the respondents said friends influences decision to consumed alcohol with 51% of the friend are more than five

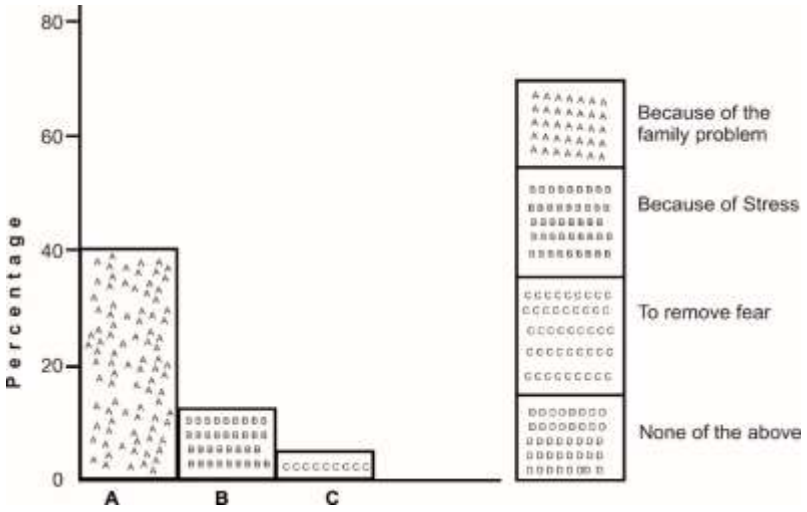

Fig 1: Histogram showing reasons why people drinks alcohol.

The histogram above demonstrates that the 38% of the respondents believed that they drink alcohol because of family problem, while 16% of the respondents said stress is main cause of alcohol consumption.

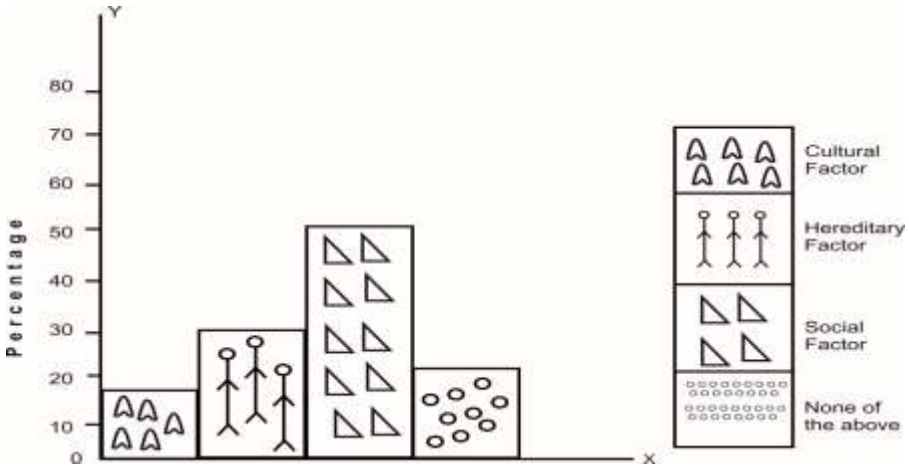

Fig 2: The histogram shows what causes alcoholism drinks.

The histogram above illustrated that 46% is as a result of social factor while 14% of the respondent agreed that causes of alcoholism is as a result of cultural factor.

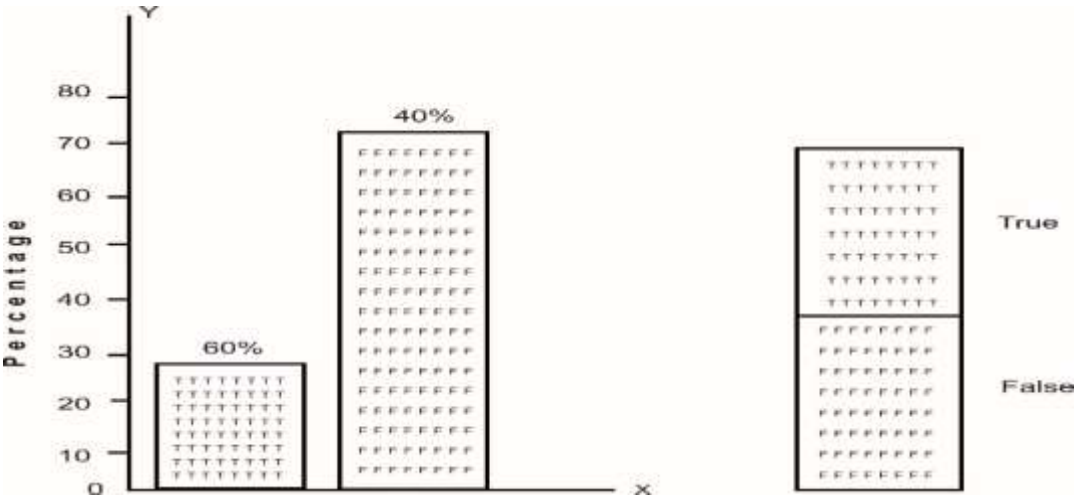

Fig 3: The histogram indicates the heredity of alcohol.

The above bar chart stated that 71% agreed that alcohol consumption is not heredity while 29% of the respondents respond that alcohol consumption is heredity.

Table 4: Effects of Consumption of Alcohol

Variable	Frequency	%
Socio effect of Consumptions of Alcohol		
Broken home	202	39%
Divorce	52	10%
Poverty	217	42%
Malnutrition	47	9%
Total	518	100%
Medical Effects of Alcohol Consumption		
Liver cirrhosis	285	55%
Memory impairment	67	13%
Body odour	78	15%
None of the above	88	17%
Total	518	100%

The table above indicates that 39% of the respondents experience broken homes while 9% of the respondents said to have experienced malnutrition in their families.

The distribution of respondents about the medical effects of alcohol, the above information reflected in the frequency distribution table shows that 55% of the respondents respond that the medical effects of alcohol is liver cirrhosis while 13% says the medical effect of alcohol is memory impairment.

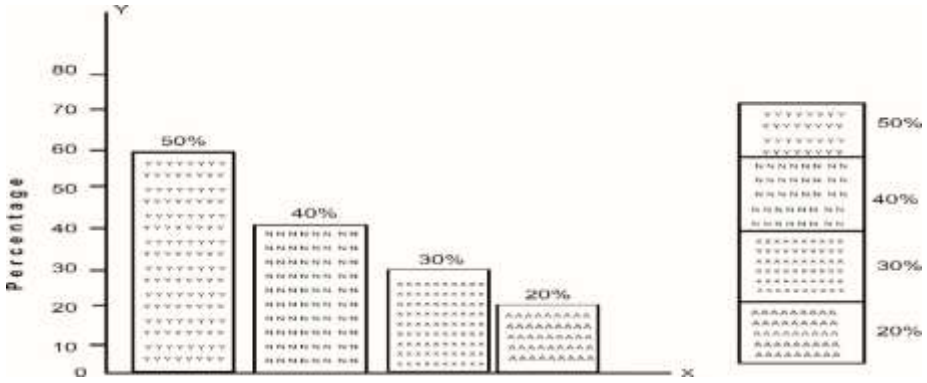

Fig 4 Showing the numbers of the respondents who knows the medical and social effects of alcohol.

The above bar chart demonstrates that 50% of the respondents know that alcohol decreases circulation while 20% said no.

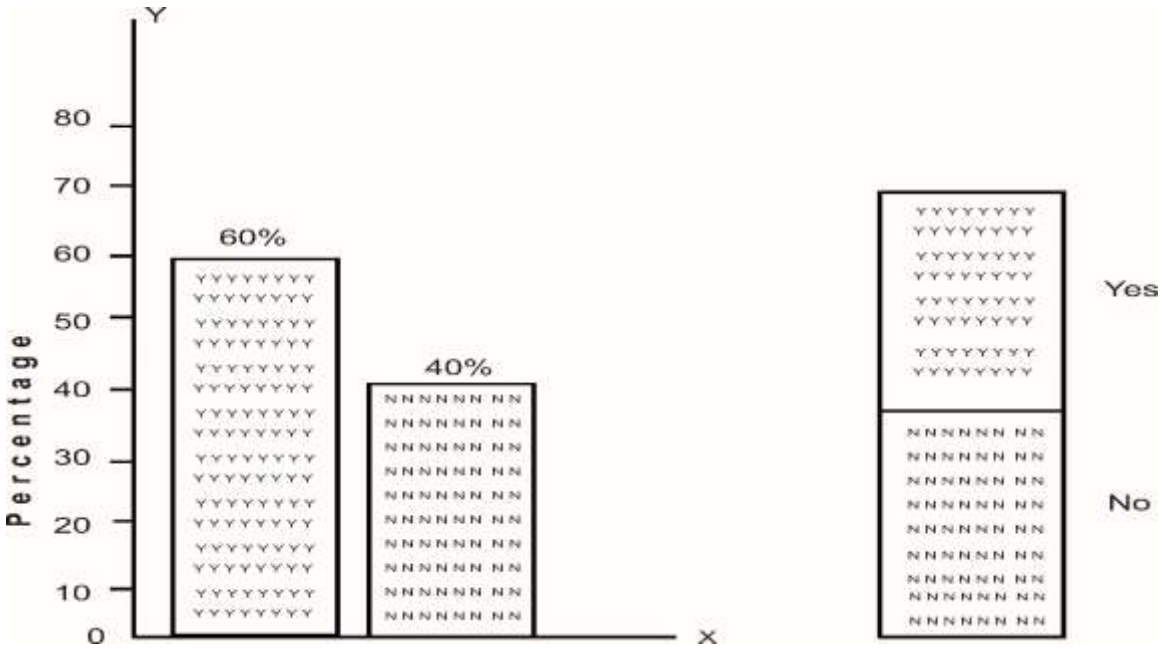

Fig 5 illustrating an attempt of the respondents to stop taking alcohol.

The Fig 5 above indicated that 60% of the respondents make an attempt to stop drinking alcohol, while 40% do not make and an attempt to stop.

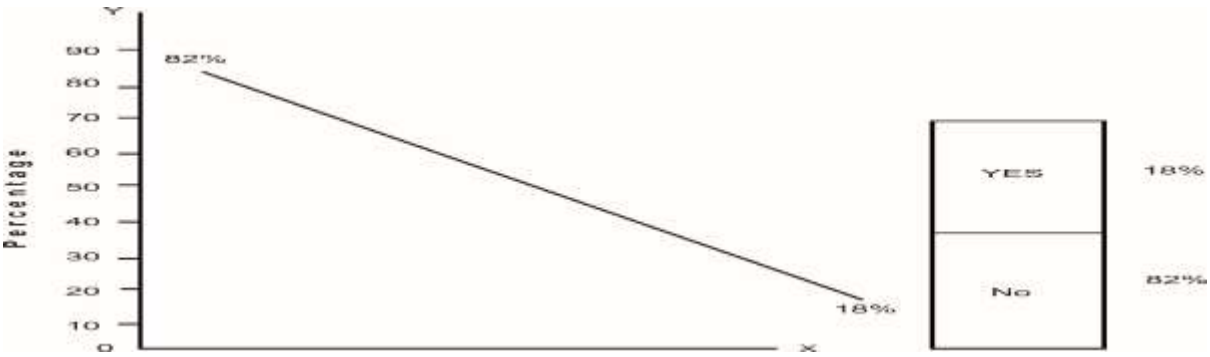

Fig 6: Line graph showing whether alcohol intake can be helpful to family.

The line graph above revealed that 82%strongly agreed that drinking alcohol is not helpful to family while 18% of the respondent say drinking alcohol is helpful to the family.

Discussion

The analysis of gender distribution of the respondents shows that males participated more than females. It implies that male participated most in the research findings than female, an indication that men are more to alcoholism than women. The relative smaller number of women is also not surprising because of socio- cultural and religious factors that is peculiar to the study area, they are majorly Islamic environment that forbid intake of alcohol. Evidence from other studies shows that societies have long used alcohol consumption and its effects as an important way to differentiate, symbolize, and regulate gender roles (Joffe, 1998[15]**;** Warner, 1997[16]). When the study is compared with other studies throughout the world, men are more likely to drink, consume more alcohol, and cause more problems by doing so. This gender gap is one of the few universal gender differences in human social behavior. It is evident in all areas of the world (Almeida-Filho et al., 2004[17]; McKee et al., 2000[18];) Research has suggested several possible reasons why universal gender differences in drinking behavior might arise. For example, if women have lower rates of gastric metabolism of alcohol than men (Baraona et al., 2001[19]; Frezza et al., 1990[20];) or smaller volumes of body water in which alcohol is distributed (Mirand & Welte, 1994[21]; York & Welte, 1994[22]), women may need to consume less alcohol than men to

derive the same effects. Or, women may be more likely than men to experience unpleasant acute effects from alcohol (such as hangover symptoms) (Slutske et al., 1995[23], 2003[24]), or may not enjoy risky and poorly controlled behavioral effects of alcohol as much as men (Hill & Chow, 2002[25]; Rosenblitt et al., 2001[26]), characteristics which might inhibit women's drinking. However, despite the universality of gender differences in drinking behavior, the size of gender differences has varied greatly in different societies, historical eras, and drinking patterns; and neither the universality nor the variability of those gender differences has yet been adequately explained (Graham et al., 1998[28];

Most of the respondents are within the aged 36 – 45 years which is an indication that younger ages are more to alcohol than the older people, which might be due to due to social disposition of the age group.

Most of the respondents said alcohol causes loss of memory are and disorientation. This means the finding shows that alcohol can cause the loss of memory in those who consume alcohol based on the responses of the clients. It was also reported by other researchers and clinicians that youth tend to experience additional symptoms of problem alcohol use that are not included in these diagnostic criteria, such as blackouts, passing out, risky sexual behavior, craving, and a drop-in school grades (Martin et al., 1995[28]). Other symptoms include withdrawal and medical problems, both of which usually appear after years of heavy drinking. Hazardous use is frequently associated with driving while intoxicated, which rarely occurs in younger age group who cannot drive (Martin and Winters, 1998[29]).

Since most of the respondents had friends who take alcohol most and later become alcoholics due to peer group influence. From the results of the study most of the respondents believed that they drink alcohol because of family problem and stress. The analysis explains that most of the people drink alcohol so as to forget their family problems resulting to lots of liver and brain problems which can be explained by the fact that majority said they felt satisfy after consumption of alcohol.

Families can contribute to underage drinking or can experience the negative consequences of a youth's drinking behavior. The consequences of underage drinking such as health problems, social difficulties, dropping out of school, or legal consequences may precipitate

a family crisis such as broken home experienced by majority 39% of the respondents in this research. While the youth becomes preoccupied with obtaining and drinking alcohol, the family may focus on how to stop the youth's behavior, jeopardizing other family members' relationships and needs. Family members may struggle to control the situation, become resentful, feel guilty, and blame themselves and other family members for the problems that occur. Moreover, family members may try to protect the youth's drinker from consequences by compensating and taking up the slack or drawing attention to another problem (Crowe and Schaefer, 1992[30]). This is corroborated by the fact that majority of the respondents had knowledge that alcohol is not an inheritance but social value.

There is likelihood that some of the respondents may stop drinking alcohol as large proportion (80%) said drinking alcohol is not helpful or useful meaning that the respondents know the side effect of alcohol consumption hence wish to put a stop to drinking alcohol.

Conclusion

The study indicates that consumption of alcohol is rampart among the youths with serious socio-medical consequences. Although, there are indications that it is difficult to completely stop alcohol consumption and sale at the same time, measures must have to be put in place which is executed carefully which will go a long way minimizing the problem of alcoholism in Angwan Sabo Community, this will save them from the destructive effective of alcohol.

It is recommended that government should band the advertisement of any kind of alcohol that is detrimental to health of people. And also, taxes on alcohol consumption among the youths should be increase which will assist in discouraging it production and consumption as well.

Health awareness campaigns concerning the effect of alcohol should be carried out periodically to enlighten people on the health implication of alcoholism. The youths and the ages should be thought about the effect of excessive consumption of alcohol and its

dangers associated to it. It will lead to so many diseases like liver cirrhosis, ulcer, poverty and can also lead to accident or untimely dead.

References

1. Lewohl, J.M., Wang, L., Miles, M.F., Zhang, L., Dodd, P.R., and Harris, R.A. 2000. Gene expression in human alcoholism: Microarray analysis of frontal cortex. *Alcoholism: Clinical & Experimental Research* 24(12):1873–1882.
2. Bonnie, R.J., and O'Connell, M.E., eds. 2004. *Reducing Underage Drinking: A Collective Responsibility.* Washington, DC: The National Academies Press
3. Grant BF, Dawson DA. (1997) Age of onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. J Subst Abuse 9:103–10.
4. McCambridge J, McAlaney J, Rowe R. (2011) Adult consequences of late adolescent alcohol consumption: a systematic review of cohort studies. PLoS Med 8:e1000413. doi:10.1371/journal. pmed.1000413
5. Rehm J, Mathers C, Poopova S et al. (2009) Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. Lancet 373:223–2233.
6. World Health Organisation. (2011) Global Status Report on Alcohol and Health. Geneva: WHO.
7. Gore FM, Bloem PJN, Patton GC. et al. (2011) Global burden of disease in young people aged 10–24 years: a systematic analysis.Lancet 377:2093–102.
8. Gardner N, Steinberg L. (2005) Peer influence on risk taking, risk preference, and risky decision making in adolescence and adulthood: an experimental study. Dev Psychol 41:625–35.
9. Rubin KH, Bukowski WM, Parker JG. (2006) Peer interactions, relationship and groups. In: Eisenberg N, William D, Richard ML (eds). Handbook of Child Psychology, Vol 3, Emotional and Personality Development, 6th edn. Hoboken, NJ: John Wiley & Sons, 571–645.
10. Guyer AE, Choate VR, Pine DS. et al. (2102) Neural circuitry underlying affective response to peer feedback in adolescence. SocCogn Affect Neurosci 7:81–92.

11. Bremner P, Burnett J, Nunney F et al. (2011) Young People, Alcohol and Influences. York: Joseph Rowntree Foundation. www.jrf. org.uk.
12. Nash SG, McQueen A, Bray JH. (2005) Pathways to adolescent alcohol use: family environment, peer influence, and parental expectations. J Adolesc Health 37:19–28.
13. Wichers M, Gillespie NA, Kendler KS. (2013) Genetic and environmental predictors of latent trajectories of alcohol use form adolescence to adulthood: a male twin study. Alcohol Clin Exp Res 37:498–506.
14. Rose RJ, Dick DM, Viken RJ, Kaprio J. (2001). Gene-environment interaction in patterns of adolescent drinking: regional residency moderates longitudinal influences on alcohol use. Alcohol Clin Exp Res 25:637–43.
15. Joffe, A. H. (1998). Alcohol and social complexity in ancient western Asia. *Current Anthropology*, **39**, 297-322.
16. Warner, J. (1997). The sanctuary of sobriety: The emergence of temperance as a feminine virtue in Tudor and Stuart England. *Addiction*, **92**, 97-111.
17. Almeida-Filho, N., Lessa, I., Magalhaes, L., Araujo, M. J., Aquino, E. A., Kawachi, I., & James, S. A. (2004). Alcohol drinking patterns by gender, ethnicity, and social class in Bahia, *Brazil. Revista de Saude Publica*, **38**, 45-54.
18. McKee, M., Pomerleau, J., Robertson, A., Pudule, I., Grinberga, D., Kadziauskiene, K., Abaravicius, A., & Vaask, S. (2000). Alcohol consumption in the Baltic Republics. *Journal of Epidemiology and Community Health*, **54**, 361-366.
19. Baraona, E., Abittan, C. S., Dohmen, K., Moretti, M., Pozzato, G., Chayes, Z. W., Schaefer, C., & Lieber, C. S. (2001). Gender differences in pharmacokinetics of alcohol. *Alcoholism: Clinical and Experimental Research*, **25**, 502-507.
20. Frezza, M., Di Padova, C., Pozzato, G., Terpin, M., Baraona, E., & Lieber, C. S. (1990). High blood alcohol levels in women: The role of decreased gastric alcohol dehydrogenase activity and first-pass metabolism. *New England Journal of Medicine*, **322**, 95-99.
21. Mirand, A. L., & Welte, J. W. (1994). Total body water adjustment of mean alcohol intakes. Journal of Substance *Abuse*, **6**, 419-425.
22. York, J., & Welte, J. W. (1994). Gender comparisons of alcohol consumption in alcoholic and nonalcoholic populations. *Journal of Studies on Alcohol*, **55**, 743-750

23. Slutske, W. S., Heath, A. C., Madden, P. A. F., Bucholz, K. K., Dinwiddie, S. H., Dunne, M. P., Statham, D. S., Whitfield, J. B., & Martin, N. G. (1995). Is alcohol flushing a protective factor for alcoholism in Caucasians? *Alcoholism: Clinical and Experimental Research*, **19**, 582-592.
24. Slutske, W. S., Piasecki, T. M., & Hunt-Carter, E. E. (2003). Development and initial validation of the Hangover Symptoms Scale: Prevalence and correlates of hangover symptoms in college students. *Alcoholism: Clinical and Experimental Research*, **27**, 1442-1450.
25. Hill, E. M., & Chow, K. (2002). Life-history theory and risky drinking. *Addiction*, **97**, 401-413.
26. Rosenblitt, J. C., Soler, H., Johnson, S. E., & Quadagno, D. M. (2001). Sensationseeking and hormones in men and women: Exploring the link. *Hormones and Behavior*, **40**, 396-402.
27. Graham, K., Plant, M., & Plant, M. (2004). Alcohol, gender and partner aggression: A general population study of British adults. *Addiction Research and Theory*, **12**, 373-384.
28. Martin, C.S., Kaczynski, N.A., Maisto, S.A., Bukstein, O.M., and Moss, H.B. 1995. Patterns of DSM–IV alcohol abuse and dependence symptoms in adolescent drinkers. *Journal of Studies on Alcohol* 56:672–680.
29. Martin, C.S., and Winters, K.C. 1998. Diagnosis and assessment of alcohol use disorders among adolescents. *Alcohol Health and Research World* 22(2):95–105.
30. Crowe, A.H., and Schaefer, P.J. 1992. *Identifying and Intervening With Drug-Involved Youth.* Lexington, KY: American Proba-tion and Parole Association.