Factors Associated with Alcohol Consumption among Adolescents in Selected Secondary Schools in a Local Government Area of Oyo State, Southwest, Nigeria

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Abstract: Alcohol use during adolescence and young adulthood remain a prominent public health problem. This study identifies factors associated with alcohol consumption among adolescents in selected secondary schools in Ibadan North Local Government Area, Southwest, Nigeria. A cross-sectional descriptive study was used. One hundred and seventy-six (176) respondents were consecutively selected using the random technique. Data were analyzed using chi-square and hypotheses tested at a 5% level of significance. Findings revealed that the majority of the respondents had poor knowledge of alcohol consumption, while (36.4%) of the respondents had consumed alcoholic beverages. Over half (54.5%) engaged in drinking alcohol as a result of peer influence. The majority (70%) of them had good knowledge of factors influencing alcohol consumption and factors influencing consumption among the respondents. Thus, the rate of alcohol consumption among adolescents was low (36.4%) as a larger percentage (64.6%) of them did not consume alcohol owing to their knowledge of the effect and the presence of some protective factors within the environment. In conclusion, alcohol consumption among adolescents was low, knowledge of its consumption was high, and it was associated with its actual consumption. Alcohol use is also associated with peer influence and environmental variables, while age and gender did not have any relationship with alcohol consumption. Therefore, educational intervention to improve knowledge of the consequences of alcohol consumption among adolescents and public policies with preventive educational campaigns was recommended.

Keywords: Adolescents, Alcohol, Factors, Students.

BACKGROUND TO THE STUDY

Alcohol consumption has occurred for thousands of years in many parts of the world, and drinking alcoholic beverages is a common feature of social gatherings. Alcohol use is deeply embedded in many societies. Recent studies have seen changes in drinking patterns across the globe while consumption rates, drinking to excess among the general population, and heavy episodic drinking among young people are on the rise in many countries [1]. Adolescence is a span of years during which boys and girls move from childhood to adulthood, developing mentally, physically, socially. This developmental stage is characterized by curiosity that leads to the experimentation of these adolescents on various substances. Adolescence marks a period of great and rapid physical, cognitive, psychosocial, and emotional changes. All these changes increase one's desire for more autonomy and decision-making, which can result in risk-taking, including alcohol use. Understanding how these individual-level developmental factors related to alcohol use is critical in order to create developmentally appropriate and effective alcohol prevention and intervention programs [2].

Alcohol consumption is considered the main dangerous behavior among adolescents, young adults, and students in general [3]. This harmful use of alcohol among this group is strongly associated with various health and mental disorders such as suicidal ideation, aggressiveness, self-harm, and alcohol dependency [4].

The use of substances among adolescents is a public health concern and has been studied extensively in many parts of the world. Substance Abuse and Mental Health Services Administration's data for 2007 from the United States showed that approximately 173,654 adolescents aged above 12 years used tobacco products, 111,239 used marijuana and hashish, while 78,034 used illicit drugs other than marijuana and hashish in their lifetime. Several studies from other countries reported that teenagers were found to be involved in substance use at an early age, approximately between 11 and 14 years. It was identified that many factors increased the risk for substance use, such as experimental curiosity, peer and family influence, lack of parental supervision, and personality problems [5]. Alcohol consumption has been linked to the risk of developing cancers. cardiovascular diseases, liver disease, and mental health disorders. The risk increases with the amount of alcohol a person drinks [6]. Young people have greater problems regarding alcohol intake, and early initiation in alcohol use is one of the most important predictors of

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future health, socio-cultural and economic problems. The Monitoring Future Survey (MFS) has identified numerous factors that influence the risk of alcohol use among adolescents, including parents and peers, school and work, religiosity and community attachment, and sports participation, externalizing exercise behavior, and other drug use, risk-taking, and sensation-seeking [7].

According to the National Institute on Alcohol Abuse and Alcoholism [8], about 10.4 million young people between ages 12 and 20 drank more than "just a few sips" of alcohol, and as kids get older, they drink more. By age 15, half of the teens have had at least one drink. By age 18, more than 70% of teens have had at least one drink. It was also identified that young people drink less often than adults, but when they do drink, they drink more than adults; on average, young people had about 5 drinks on a single occasion, which can be considered binge drinking. However, alcohol is sometimes referred to as a "gateway drug" for youth because its use often precedes the use of other illicit substances. Alcohol, drug, and tobacco use were some of the most prevalent youth risk behaviors, and a large number of empirical studies have demonstrated that adolescent alcohol use was heavily influenced by the quality of attachment between the adolescent and their family [9]. In Nigeria, many of the students in higher institutions are adolescents, and some of them engage in various risky behaviors such as smoking, reckless driving, premarital and indiscriminate sexual activities, alcohol abuse (binge drinking), and drug abuse. The high rate of deaths in Nigeria, especially among the youths, may not be unconnected with unhealthy Alcohol use lifestyles. among students characterized by several risky behaviors that affected their well-being and academic performance in the long run. As alcohol intake levels increased, so was the prevalence of a variety of risky behaviors [10].

Statement of the Problem

Alcohol consumption among adolescents worldwide has assumed an alarming dimension, and it has become so problematic that it has gained prominence in social discourse. Alcohol is the only psychotropic drug accepted and even encouraged by society, allowing early contact (even prior to 11 years of age) and increasing the risk of future dependence. The prevalence rate of alcohol use among adolescents in different parts of the world gives room for concern. There is evidence of alcohol, tobacco, and marijuana use not only with higher institution students but also with secondary school students who are mostly adolescents in Nigeria [11]. Today, alcohol is widely available and aggressively promoted throughout society, and its use is regarded, by many people, as a normal part of growing up. Yet underage drinking is dangerous, not only for the drinker but also for society. as evident by the number of alcohol-involved motor vehicle crashes, homicides, suicides, and other injuries. They also are at greater risk for various adverse consequences, including risky sexual activity and poor performance in school. Therefore, identifying factors that influence alcohol consumption among adolescents can be of great importance to better promote reasonable pubertal growth and development. It can also help plan innovative, comprehensive approaches to prevent underage alcohol consumption broaden adolescents' knowledge of consequences of alcohol consumption.

Objectives of the Study

- To identify perceived factors associated with alcohol consumption among adolescents;
- To assess adolescents' knowledge about alcohol consumption;
- To determine the association between sociodemographic characteristics (age and gender) and alcohol consumption among them.

Significance of the Study

In contrast to adults, young people tend to abuse alcohol with other substances. The physical changes of puberty might make the teen feel self-conscious and more likely to take risks - such as experiment with alcohol - to fit in or please others. Coping with stress and challenging transitions, such as going from middle school to high school, moving, or dealing with the effects of divorce, might also influence a teen to drink. Also, the teen might have trouble understanding that their actions can have harmful consequences, and the younger a person is when they begin drinking, the more likely they are to develop a problem with alcohol. Alcohol use during adolescence significantly increases the likelihood that an alcohol use disorder will develop later in life. Therefore, this study will identify those factors that influence alcohol consumption and explore the adolescents' views on factors related to alcohol use among them, thereby recommending strategies to prevent alcohol consumption and effective prevention through policy intervention and educational programs.

Hypotheses

There is no significant relationship between sociodemographic characteristics (age and gender) and adolescents' alcohol consumption;

There is no significant relationship between knowledge of perceived factors influencing alcohol consumption and its actual consumption.

METHOD

This is a cross-sectional descriptive non-experimental study, conducted in Abadina Grammar School, University of Ibadan; Community Grammar School, Mokola and Ijokodo High School, Ijokodo of Ibadan North Local Government Area of Ibadan, Oyo state Nigeria. Oyo State is an inland state in southwestern Nigeria. The study population consisted of students of public secondary schools aged between 10-20 years who were in senior secondary school 1 and 2 classes in the three selected schools.

Data Collection Instrument

Data were collected using a semi-structured, self-administered questionnaire. All questions were developed in the English language. The questionnaire was administered to all students in the classroom in the absence of the teacher to reduce bias and fear on the part of the students after explanations had been given and all questions put forward by the participants had been answered.

Sample and Sampling Technique

All wards in Ibadan North Local Government were clustered into four, and three wards were randomly selected; three secondary schools were randomly selected from the three wards. A convenient sample technique was used to select one hundred and seventy-six (176) adolescents from Senior Secondary Schools 1&2 of the selected schools.

Validity and Reliability of Instrument

The instruments were peer-reviewed and also pretested to ensure face and content validity. The reliability of the questionnaire was determined using a test re-test with a reliability coefficient of 0.85. Cronbach alpha (a) is universally and frequently utilized in measuring internal consistency reliability. Thus, 0.85 is the reliability coefficient using Cronbach alpha in SPSS. The administration of the questionnaire was

done by the researchers and assisted by a research assistant.

Data Analysis

Data obtained were collated, analyzed, and presented in descriptive form. Results were represented in percentages, tables, and figures, while chi-square was used to test the hypotheses. Knowledge of respondents was measured by determining the composite score of each respondent and then adding all their scores. Those with scores above 50% or equal to were regarded as having good knowledge, and those with scores lesser than 50% were regarded as having poor knowledge.

Ethical Consideration

Permission was obtained from the Oyo State Ministry of Education and the Principals of the schools to administer the questionnaires. The respondents were adequately informed about the study, and written informed consent was obtained from their parents. Strict confidentiality of the respondents' identities was maintained.

RESULTS

The majority of respondents, 104 (59.1%), were between 16-20 years, while 72 (40.9%) were between 10-15 years, with a mean age of 15 \pm 2. Equal

Table 1: Socio-Demographic Characteristics of the Respondents

| Characteristics | N | % |
|-------------------------|-----|------|
| Age (year) | | |
| 10-15 | 72 | 40.9 |
| 16-20 | 104 | 59.1 |
| Mean age =15 <u>+</u> 2 | | |
| Sex | | |
| Male | 88 | 50.0 |
| Female | 88 | 50.0 |
| Educational level | | |
| SS1 | 88 | 50.0 |
| SS2 | 88 | 50.0 |
| Family background | | |
| Monogamous | 64 | 36.4 |
| Polygamous | 55 | 31.3 |
| Single parent | 57 | 32.3 |
| Do you live alone? | | |
| Yes | 8 | 4.5 |
| No | 168 | 95.5 |

SS1 (Senior Secondary 1); SS2 (Senior Secondary 2).

Table 2: Knowledge of Alcohol Consumption among Respondents

| Characteristics | | N | % |
|---|--------------|-----|------|
| Do you drink alcoholic beverages? | Yes | 64 | 36.4 |
| | No | 112 | 63.6 |
| How frequently do you drink alcohol? | Always | 28 | 43.7 |
| | Occasionally | 20 | 31.3 |
| | Rarely | 16 | 25 |
| What kinds of alcohol do you drink? | Beer | 21 | 32.8 |
| | Spirits | 16 | 25.0 |
| | Wine | 20 | 31.3 |
| | Others | 7 | 10.9 |
| Have you ever had an alcoholic drink in the last 12 months? | Yes | 23 | 35.9 |
| | No | 41 | 64.1 |
| Have you had a whole drink, Not just a sip? | Yes | 20 | 31.8 |
| | No | 44 | 68.2 |
| Where were you the last time you drank alcohol? | School | 10 | 15.7 |
| | Home | 15 | 23.4 |
| | Party | 24 | 37.5 |
| | Beer parlor | 15 | 23.4 |
| Where do you normally purchase your alcoholic drinks? | Beer parlor | 24 | 37.5 |
| | On the road | 10 | 15.6 |
| | Supermarket | 10 | 15.6 |
| | Others | 20 | 31.3 |

numbers (50.0%) of respondents were males, females, SS1, and SS2. Out of 176 respondents, 64 (36.4%) were from a monogamous family, 55 (31.3%) from a polygamous family, 57 (32.3%) from a single parent, while 8 (4.8%) lived alone without parental guidance.

The above table showed that less than half (36.4%) of the respondents engaged in drinking alcoholic beverages, (43.7%) of them engaged in drinking the alcoholic beverages always, at any time and all the time, (31.3%) drank it occasionally while (25%) drank it rarely out of which (32.8%) of those who engaged in drinking alcoholic beverages preferred beer, (25%) spirits while (31.3%) preferred wine. Out of those engaged in drinking alcoholic beverages, (64.1%) never had an alcoholic drink in the last 12 months, (31.8%) never had a whole drink, (15.7%) were at school the last time they took alcohol, (23.4%) were at

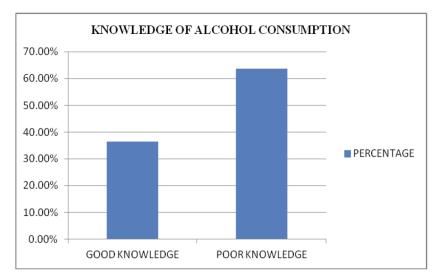


Figure 1: Knowledge score of alcohol consumption.

Table 3: Factors Influencing Alcohol Consumption

| Characteristics | N | % | |
|---|-----|------|--|
| Someone in the family drinks alcohol | | | |
| Yes | 48 | 27.3 | |
| No | 128 | 72.7 | |
| Friends that drink alcohol | | | |
| Yes | 96 | 54.5 | |
| No | 80 | 45.5 | |
| Drink to escape from pain, both physical and emotional | | | |
| Yes | 80 | 45.5 | |
| No | 96 | 54.5 | |
| Where do you think they usually buy the alcohol they consume? | | | |
| Home | 16 | 9.1 | |
| Friends | 60 | 34.1 | |
| Beer parlor | 42 | 23.9 | |
| Party | 40 | 22.7 | |
| Others | 18 | 10.2 | |
| Why do people drink alcohol? | | | |
| To have good times with friends | 50 | 28.4 | |
| To experiment | 25 | 14.2 | |
| To get sleep | 30 | 17.0 | |
| To feel good and get high | 20 | 11.4 | |
| Because it tastes good | 15 | 8.5 | |
| Because of anger and frustration | 12 | 6.8 | |
| To get away from problems | 24 | 13.6 | |

home, (37.5%) were at a party and (23.4%) had it at a beer parlor. Less than half (37.5%) of the respondents normally bought their alcohol at the beer parlor, (15.6%) on the road and supermarket respectively, while (31.3%) brought theirs at other places.

The above figure revealed that 36.4% of the respondents had good knowledge of alcohol consumption, having scored 4 and above out of 7 questions asked, while 63.6% had poor knowledge, having scored less than 4 out of 7 questions asked. Those with 50% and above from the above figure were categorized as having poor knowledge, while less than 50% were categorized as having good knowledge.

The table above showed less than half (27.3%) of the respondents had at least a family member who drank alcohol, while the majority (54.5%) of respondents had friends who drank alcohol. Less than half (45.5%) of respondents drank to escape from pain, both physical and emotional, (9.1%) of them claimed they got alcoholic drinks from home, (34.1%) got it from their friends, (23.9%) bought from beer parlors and (22.7%) from the party. Out of those that drank alcohol, (28.4%) of them drank to have good times with friends,

(14.2%) did so to experiment, (17%) to get sleep, (11.4%) engaged in drinking to feel good and high, (8.5%) drank because it tasted good while (6.8%) drank because of anger and frustration faced and (13.6%) drank to get away from problems.

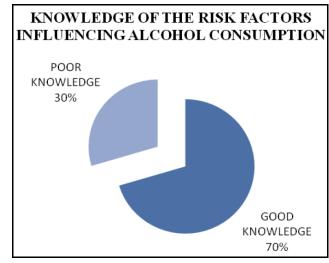


Figure 2: Knowledge of risk factors influencing alcohol consumption among adolescents.

The above figure revealed that 70% of the respondents had good knowledge about factors

Table 4:

| Socio-Demographic | | | Total | Chi-square (χ²) | P-value |
|-------------------|-----------|----------|----------|-----------------|---------|
| Characteristics | | | N (%) | | |
| Age (years) | | | | 3.865 | p>0.05 |
| 12-15 | 16 (24.2) | 50(75.8) | 66(100) | | |
| 16-20 | 48(43.6) | 62(56.4) | 110(100) | | |
| Gender | | | | 2.487 | p>0.05 |
| Male | 43(48.9) | 45(51.1) | 88(100) | | |
| Female | 21(23.9) | 67(76.1) | 88(100) | | |

Table 5:

| Knowledge of alcohol | Factors Influencing Alcohol Consumption | | Total (%) | Chi-square (χ²) | P-value |
|-----------------------------------|---|-------------------|-----------|-----------------|---------|
| consumption | Good knowledge | Poor Knowledge | | | |
| Do you drink alcoholic beverages? | | | | 46.918 | p<0.05 |
| Yes | 45(70.3) | 19(29.7) | 64(100) | | |
| No | 70(62.5) | 42(37.5) | 112(100) | | |

influencing alcohol consumption, having scored 3 and above out of 5 questions asked. In comparison, 30% had poor knowledge, having scored below 3 out of 5 questions asked.

Hypotheses Testing

Hypothesis 1: There is no significant relationship between socio-demographic characteristics (age and gender) and alcohol consumption among adolescents.

The above table showed that there was no statistically significant relationship between age $((\chi^2=3.865, df=1, p>0.05)$ and gender $(\chi^2=2.487, df=$ 1, p>0.05) of adolescents' and their alcohol consumption. The tabulated p-value was lesser than the calculated value. Therefore we failed to reject the null hypothesis and concluded that there was no significant relationship between the age and gender of adolescents and their alcohol consumption. This means that the age and gender of the adolescents do not have any effect on alcohol consumption.

Hypothesis 2: There is no significant relationship between knowledge of the factors influencing alcohol consumption and its actual consumption.

The above table showed a statistically significant relationship between knowledge of factors influencing alcohol consumption and its actual consumption (χ^2 = 46.918, df= 1, p<0.05).

Since the tabulated significance level (0.05) was more significant than the calculated significance value, we rejected the null hypothesis and concluded an important relationship between knowledge of factors influencing alcohol consumption and its actual consumption.

DISCUSSION OF FINDINGS

The findings from this study revealed that over half of respondents were above 15 years of age and their mean age was 15 + 2 years, and an equal number of males and females was ensured in administering the questionnaires. All respondents were in Senior Secondary School, which showed that all respondents were adolescents. This is similar to the study conducted by Amiegheme [12] in Edo State, Nigeria; the study revealed that 33% of the respondents were between ages 12-15 years while 67% of the respondents were between 16-19 years and also similar to another study conducted by Granville-Garcia et al. [13] which revealed the majority of adolescents were between 13-15 years. Less than half of respondents were from a monogamous, polygamous family and a single parent, while less than 5% of them lived alone. This is in contrast to the study of Amiegheme [12], where over half (66%) of respondents were from monogamous families, and less than half (30%) and (4%) were from polygamous and singleparent homes, respectively.

This study revealed that a greater percentage of respondents from Secondary School 2 consumed alcohol than those from SS1. This may be due to their level of education and age, and it was also that the majority of the respondents who had consumed alcohol were above 14 years of age. This research is in contrast to the World Health Organization's Regional Report in 2011 [14] on alcohol which showed that the proportion of adolescents 15 to 19 years currently drinking alcohol was 34.1% globally and 29.3% in Africa; the same report showed that the prevalence of monthly Heavy Drinking Episodes (HED) among adolescence 15 to 19 years was 11.7% globally and 6.3% in Africa [15]. In a study conducted in Kenya by Waweru et al. [16], it was reported that the age at first alcohol consumption among adolescents was 12 to 14 years for the majority (29%) while below 12 years for (23.2%) of the current users of alcohol.

This study also revealed that peer influence had an impact on adolescent's use of alcohol while other factors identified as having an influence on alcohol consumption among the participants were to explore, to experiment, to have good times with friends, to get sleep, to feel good, to get high and to get away from problems, although having good times with friends takes a greater percentage. This is similar to the report by the World Health Organization [14] (2011) in which various factors were identified at the individual and the societal levels, which affected the magnitude and patterns of consumption and can increase the risk of alcohol use disorders and other alcohol-related problems in drinkers and others. Also, similar to a study conducted in Brazil, it was reported that 71.4% of adolescents experimented with alcohol, 27.3% consumed alcohol regularly within the past 30 days preceding the survey, and 22.1% had already been drunk [17]. This is in contrast to a study carried out in Australia where 19.2% of adolescents were reported to have consumed one or more drinks in the previous three months preceding the study [13].

This study identified protective factors such as religious beliefs, family, cultural beliefs, moral reasoning, and lack of funds. Most respondents who decided not to consume alcohol do so because of the aforementioned protective factors. This study contrasts to a study by Fergusson *et al.* [18], where factors associated with alcohol misuse by young people include: parental alcohol problems, early age of first drink, family dysfunction, childhood maltreatment, and related conditions. This is also in contrast to another study conducted in the Gulf of Arabia. It was found that substance use is a public health problem among

teenagers and young adults in the region, despite tight antidrug law enforcement and cultural and religious restrictions. Thus, identifying risk and protective factors from adolescents' perceptions can help set up effective, culturally sensitive strategies for primary prevention of substance use [5].

This study showed a significant relationship between knowledge of the risk factors influencing alcohol consumption and its actual consumption. The study also revealed proportions of individuals who consumed alcohol had adequate knowledge of the risk factors related to alcohol consumption,

- 70.3% (adequate knowledge),
- 29.7% (poor knowledge),

In contrast, proportions of individuals who do not consume alcohol but had adequate knowledge of the risk factors related to alcohol consumption,

- 62.5% (adequate knowledge)
- 37.5% (poor knowledge)

This means that the knowledge of factors influencing alcohol consumption among adolescents determined the rate of alcohol consumption among them.

Findings in this study revealed that less than half of the respondents had poor knowledge of alcohol consumption, while the majority of the respondents had good knowledge. Less than half of the respondents had consumed alcohol, with a greater percentage consuming it daily, and most of them took the beer, most times at parties. This is similar to a study carried out by Odeyemi *et al.* [6], which revealed that the majority (83.3%) of respondents had good knowledge about alcohol. Although, the level of knowledge in the study was expected considering their level of education and class/grade at the time of the study. A study carried out by Barroso *et al.* [19] showed a majority (65.1%) of adolescents had already consumed alcohol, with the below-mentioned proportion of consumption,

| | Habitual consumption of beer | Habitual consumption of hard liquor | Habitual consumption of wine | |
|---|------------------------------------|---|------------------------------------|--|
| | 7.7% (at least once a month) | 7% | 1.2% | |
| - | Occasional consumption of beer | Occasional consumption of hard liquor | Occasional consumption of wine | |
| | 46.9% | 73.2% | 26.9% | |

Of the total, 67.1% were female.

CONCLUSION

Alcoholism among adolescents is regarded as a public health problem. Although from this study, the rate of alcohol consumption among adolescents was low. The study found that alcohol use among students in public schools in Ibadan was associated with peer influence and environmental variables. knowledge of alcohol consumption was high, it had a significant association with alcohol use among them, while age and gender did not have any relationship with its consumption.

RECOMMENDATION

Based on the findings of this study, adolescents had adequate knowledge, but many of them still consume alcohol. There is a need for improved knowledge of the consequences of alcohol consumption and its effect through educational intervention. There is a need to pay particular attention to the adolescent population. Prohibitive national measures in recent decades had little impact. Therefore, public policies with preventive educational campaigns are needed but alone are not sufficient. Complementary interventions involving individuals and the environment in which they live are necessary. Support from family, school, and society is essential to combat early alcohol use and its consequences. There is a need for periodic populationbased investigations in different states in Nigeria. This would help monitor alcohol use and further contribute to outlining programs to reduce alcohol consumption among adolescents in a vulnerable period of life concerning experimentation with both licit and illicit drugs, especially alcohol.

LIMITATIONS OF THE STUDY

This study was limited by the insufficient fund for a more extensive study. Also, the questionnaires were administered in the classroom, which may result in under-reporting of alcohol use.

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