

Perceived Factors Influencing Alcohol Consumption Among Young Adults in Moro, Kwara State, Nigeria

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Abstract- Alcoholism among young adults remains a pressing public health concern, characterized by its multifaceted nature influenced by a combination of peer influence, social environment and psychological factors. Peer influence stands as a cornerstone in the development of alcohol consumption patterns during the formative years of adolescence and into young adulthood. A descriptive cross-sectional study design was employed. A systematic random sampling technique was used to select a total of 270 participants from the target population. The study population comprises young adults aged 18 to 35 years residing in Moro LGA, Kwara State. Data collection was carried out through structured interviews and survey questionnaires. Peer influence on alcohol consumption was significant as over 34% perceived peer influence on their alcohol consumption habits and reported having strong cravings to consume alcohol due to peer influence. A significant proportion of respondents continued drinking despite knowing it causes adverse health problems. All variables examined, including perceptions of alcohol use in the community, beliefs about alcoholism as a problem, current strategies against alcohol consumption, ideas for reducing alcoholism, and effective methods to curb consumption, showed no significant relationships. Each variable had a p-value of 1.00, indicating a lack of statistically significant associations. The study examined peer group dynamics, social interactions and the influence of drinking behaviors on alcohol consumption patterns and recommends targeted interventions and prevention strategies aimed at addressing perceptions, accessibility and peer

influence attributed to alcohol abuse among young adults.

Indexed Terms- Alcoholism, peer influence, psychological factors, young adults.

I. INTRODUCTION

Alcoholism among young adults is a pressing public health concern, characterized by its multifaceted nature influenced by a combination of peer influence, social environment and psychological factors. Peer influence stands as a cornerstone in the development of alcohol consumption patterns during the formative years of adolescence and into young adulthood (Vogel *et al.*, 2019). According to the WHO, around 2.6 million deaths were attributed to alcoholism, of which mortality was higher among men, accounting for almost 77% deaths compared to 23% deaths among women, in 2019 (WHO, 2024). Also, estimate reveals 7% of the world's population above 15 years suffers alcohol use addictions and 3.7% of the adult world population lived with alcohol dependence (WHO, 2024) Alcohol stands as the most prevalent drug globally, with nearly half (43%) of the world's population identifying as current drinkers, defined as having consumed alcohol within the last 12 months (WHO, 2019). Despite its widespread use, concerns persist regarding its prevalence and adverse effects on health. Harmful alcohol consumption ranks among the top five risk factors for disability, disease, and death worldwide, contributing to over 200 health conditions (WHO, 2019).

Numerous studies have consistently demonstrated that adolescents are highly susceptible to conforming to the drinking behaviors of their peers as they navigate the complexities of social acceptance and belonging (Trantham *et al.*, 2017). This influence extends beyond mere peer pressure, encompassing social norms and behaviors that are often internalized and mirrored by individuals seeking validation within their social circles (Trantham *et al.*, 2017).

The social environment plays a pivotal role in shaping alcohol consumption habits among young adults. Environments characterized by easy access to alcohol, coupled with permissive attitudes towards drinking, contribute significantly to heightened alcohol misuse rates. Factors such as parental attitudes towards alcohol, peer group norms, and societal acceptance of drinking all play crucial roles in shaping the drinking behaviors of young adults (Tibboet *et al.*, 2017). Cultural factors and societal norms regarding alcohol use heavily influence the prevalence and acceptance of drinking behaviors among young adults, highlighting the importance of understanding the broader social context in addressing alcoholism (Tibboet *et al.*, 2017). Excessive drinking also accounts for a considerable number of preventable premature deaths, with nearly 7,697 alcohol-related deaths recorded in 2017 (ONS, 2019). Psychological distress and alcohol use disorders frequently coexist, with individuals experiencing both conditions concurrently or sequentially over time (WHO, 2022). Shared risk factors, such as genetic predispositions, early-life trauma, or environmental stressors, contribute to the overlap between these disorders. Furthermore, the presence of one condition can exacerbate the other, creating a synergistic effect that amplifies distress and perpetuates problematic drinking behaviors. Addressing both psychological distress and alcohol use disorders simultaneously is imperative for achieving holistic treatment outcomes and promoting lasting recovery (WHO, 2022).

II. METHODS

Study Area Description

Moro Local Government Area domiciled in Kwara State, North-central geopolitical zone of Nigeria and has its headquarters in the town of Bode Sa'adu. Towns and villages that make up Moro LGA include

Abati/Alara, Ajanaku, Arobadi, Babadudu, Bode-saadu, Ejidongari, Jebba, Lanwa, Logun/jehunkunnu, Malete/Gbugudu, Megida, Okemi, Okutala, Oloru, Elemere, Asomu, Pakunmo, Shao, Womi/ayaki. Latitude of 8°43'0"N and longitude of 4°17'59"E. The current estimated population of Moro LGA is put at 213,448 inhabitants. Moro LGA covers a total area of 3,272 square kilometers and has an average temperature of 29 degrees centigrade. Moro LGA have numerous primary schools and 11 Government secondary Schools. There are many health facilities in Moro LGA which comprises of Primary Health Care (PHC) centers and secondary level of care.

Advocacy/Community Entry

Ethical clearance and approval for the study was obtained from the Department of Public Health and submitted to relevant authorities, including local government officials and community leaders in Moro LGA Kwara state. Advocacy efforts was undertaken to garner support and cooperation from key stakeholders, ensuring smooth data collection processes and adherence to ethical guidelines.

Study Design

A descriptive cross-sectional study design was employed and quantitative approach was used for data collection through structured interviews and survey questionnaires administered to participants within the study area.

Study Population

The study population comprises young adults aged 18 to 35 years residing in Moro LGA, Kwara State. Participants were recruited from community youth settings to capture a diverse sample representative of the young adult population in the area.

Inclusion Criteria

Participants eligible for inclusion are young adults aged 18 to 35 years residing in selected community in Moro LGA, Kwara state.

Exclusion Criteria

Individuals with severe mental or physical health conditions that may impair their ability to participate effectively.

Sample Size Determination

To determine the sample size, the following formula will be considered (Leslie Fisher's formula):

$$\text{Sample Size } (n) = z^2 \times p(1-p) / d^2$$

Where:

n = the desired sample size when the population size is more than 10,000

z = standard normal variate for a 95% confidence level (1.96)

p = Estimated prevalence of alcoholism among young adults (WHO, 2024)

q = the complimentary probability of p which is (1-p) that is (0.83)

d = Precision or margin of error (assumed as 5% or 0.05)

Using data from previous studies (WHO, 2024), assuming a prevalence (P) of 0.17, calculate the sample size as follows:

By substituting these values,

$$n = 1.96^2 \times 0.17(1-0.17) / 0.05^2$$

$$n = 3.8416 \times 0.17 \times 0.83 / 0.0025$$

$$n = 0.5420498 / 0.0025$$

$$n = 216.8$$

$$n = 217 \text{ (minimum required sample size)}$$

To compensate for non-response and for accuracy of this study, the sample size was rounded up to 270 samples.

Sampling Technique

The sampling technique employed in this study was a multistage sampling technique.

Stage 1: In the initial stage, a systematic random sampling technique was employed to select 3 communities within Moro LGA Kwara state through use of map and community survey guide.

Stage 2: In second stage, primary sampling units (PSUs) were identified in each selected communities within Moro Local Government Area. Neighborhoods were randomly selected to ensure diversity across different geographical areas.

Stage 3: Households were randomly selected across all identified PSUs, and proceeded to selection of eligible participants subsequently, within each selected household or family, participants were chosen from the pool of young adults present. The first respondent was selected through balloting. The selection process continually randomly selects eligible participants within the target population and in each household

across the study area until the required sample size is met.

Research Instruments- Validity and Pretesting

10% of the structured questionnaire designed for the study was pre-tested in Malete community located in Moro LGA to ensure instrument reliability and ascertain reliability and validity of the data collection process. A pilot study was also conducted among a subset of participants to assess the clarity, applicability, and reliability of the research instrument. Feedback from the pilot study was used to refine the questionnaire and ensure its suitability for the main study.

Methods of Data Collection

A semi-structured close-ended questionnaire was designed to collect data on individual's perceptions and factors influencing alcohol consumption behaviors among young adults in Moro LGA, Kwara State.

Measurement of Variables and Data Processing

Acquired data were coded, entered into a secure database, and subjected to rigorous quality checks to ensure accuracy. Appropriate statistical tests to examine relationships and associations between variables.

Methods of Data Management and Analysis

Descriptive statistics, such as frequency distributions and measures of central tendency was used to summarize the data. Additionally, inferential statistics, including chi-square tests and logistic regression analysis were employed to explore associations between variables and identify predictors of alcoholism among young adults in Moro LGA, Kwara state.

Consent/Methods of Protection of Human Subjects

Written informed consent was obtained from all the respondents before the interview. Respondents were informed of their right to decline or withdraw from the study at any time without any adverse consequences. Participants' confidentiality was respected and maintained by ensuring that no unauthorized person has access to the information.

Ethical considerations

Ethical approval for the study was obtained from relevant institutional review boards and ethical review committees within the Department of public health, Moro LGA. This letter was presented to the community representatives before carrying out the study to enhance entry for the research. Informed consent was obtained before inclusion into the study. Also, anonymity and confidentiality of the respondents and their responses were ensured.

Limitations of the study

The generalizability of findings may be constrained by the specific characteristics of the study population and setting limited to Moro LGA, Kwara state.

III. RESULTS

Socio-Demographic Characteristics

270 questionnaires were given out and 270 were returned indicating a x% response rate. Table 1 presents the age distribution among females ranged from 18 to 35, with most respondents falling within the 18-35 age range. Notably, 22-year-olds were the most represented, constituting 2.96% of the female sample. Among males, the most common ages were 20, 22, and 24, with 20-year-olds making up 9.26% of the male sample. The gender distribution revealed that 74.07% of respondents were male, and 25.93% were female. The majority of respondents were single (55.19%), followed by married individuals (38.89%). Educational attainment varied, with the highest percentage of respondents having tertiary education (49.26%), followed by secondary education (42.96%). In terms of occupation, 44.07% were students, while 24.81% fell into the "others" category. Religious affiliations were predominantly Islam (73.70%), and the majority ethnic group was Yoruba (90.74%).

Table 1. Socio-demographic Characteristics

Variable	Frequency (n=270)	Percentage (%)
Age (Female)		
18	5	1.85
19	0	0.00
20	4	1.48
21	5	1.85
22	8	2.96
23	4	1.48
24	7	2.59
25	2	0.74
26	4	1.48
27	5	1.85
28	4	1.48
29	4	1.48
30	2	0.74
31	0	0.00
32	4	1.48
33	4	1.48
34	4	1.48
35	4	1.48
Age (Male)		
18	16	5.93
19	8	2.96
20	25	9.26
21	11	4.07

22	18	6.67
23	19	7.04
24	21	7.78
25	19	7.04
26	6	2.22
27	0	0.00
28	13	4.81
29	13	4.81
30	11	4.07
31	0	0.00
32	0	0.00
33	7	2.59
34	1	0.37
35	15	5.56
Gender		
Male	200	74.07
Female	70	25.93
Marital status		
Single	149	55.19
Married	105	38.89
Divorced	8	2.96
Widowed	7	2.59
Educational level		
No formal education	8	2.96
Primary education	13	4.81
Secondary education	116	42.96
Tertiary education	133	49.26
Occupation		
Employed	39	14.44
Unemployed	45	16.67
Student	119	44.07
Others	67	24.81
Religion		
Christianity	64	23.70
Islam	199	73.70
Traditional	7	2.59
Ethnicity		
Hausa	13	4.81
Igbo	12	4.44
Yoruba	245	90.74

Peer Influence on Alcohol Consumption

In table 2, peer influence on alcohol consumption was significant, with 50.37% of respondents indicating that their peers never drink alcohol, while 15.93% stated their peers drink occasionally. About 32.59% of respondents felt pressure from their peers to drink, and

32.22% admitted to consuming alcohol due to peer pressure. Furthermore, 34.07% perceived peer influence on their alcohol consumption habits. When asked about intoxication in dangerous situations, 11.85% admitted to it. Additionally, 32.96% reported

having strong cravings to consume alcohol due to peer influence.

Table 2. Peer Influence on Alcohol Consumption

Variable	Frequency (n=270)	Percentage (%)
How often do your peers drink alcohol?		
Daily	40	14.81
Weekly	32	11.85
Occasionally	43	15.93
Rarely	19	7.04
Never	136	50.37
Do you feel pressure from your peers to drink alcohol?		
Yes	88	32.59
No	182	67.41
Have you ever consumed alcohol due to peer pressure?		
Yes	87	32.22
No	183	67.78
Do you perceive the influence of your peers on your alcohol consumption habits?		
Yes	92	34.07
No	178	65.93
Have you been intoxicated in dangerous situations such as driving a car or operating machinery?		
Yes	32	11.85
No	238	88.15
Do you have strong desire or cravings to consume alcohol due to peer influence?		
Yes	89	32.96
No	181	67.04

Social Environment and Alcohol Consumption

In table 3, alcohol accessibility in the social environment was deemed very accessible by 43.33% of respondents. Despite this, 50.37% of respondents indicated they never consume alcohol. For those who do drink, 28.89% reported consuming 1-2 drinks per session, and 63.33% often attended social events where alcohol is served. The influence of the social environment on alcohol consumption habits was

acknowledged by 34.07% of respondents. A significant 27.78% had tried to stop drinking but were unable due to peer pressure, and 34.07% spent considerable time obtaining, drinking, and recovering from alcohol. Furthermore, 30.37% continued drinking despite knowing it worsened their health problems.

Table 3 Social Environment and Alcohol Consumption

Variable	Frequency (n=270)	Percentage (%)
How accessible is alcohol in your social environment?		
Very accessible	117	43.33
Somewhat accessible	58	21.48

Not very accessible	83	30.74
Not accessible	12	4.44
How often do you consume alcohol?		
Daily	40	14.81
Weekly	32	11.85
Occasionally	43	15.93
Rarely	19	7.04
Never	136	50.37
On average, how many alcoholic drinks do you consume in a typical drinking session?		
1-2 drinks	78	28.89
3-4 drinks	44	16.30
5 or more	13	4.81
Nil	135	50.00
Do you often attend social events where alcohol is served?		
Yes	171	63.33
No	99	36.67
Do you think your social environment affects your alcohol consumption habits?		
Yes	92	34.07
No	178	65.93
Have you wanted or tried to stop alcohol consumption but unable due to further peer pressure?		
Yes	75	27.78
No	195	72.22
Did you spend a lot of time obtaining alcohol, drinking alcohol and recovering from drinking?		
Yes	92	34.07
No	178	65.93
Have you continued to drink even though you knew or suspected it creates or worsens mental health and physical problems?		
Yes	82	30.37
No	188	69.63

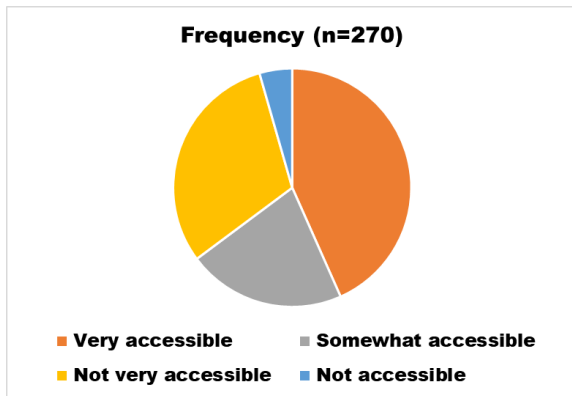


Figure 3. Rate of accessibility of alcohol(Authors' Fieldwork, 2024)

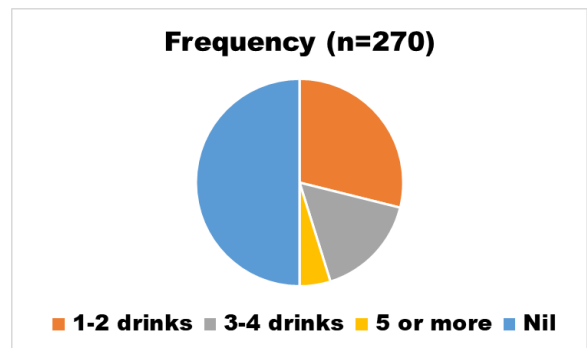


Figure 4. Frequency of alcohol consumption(Author's fieldwork, 2024)

Psychological Factors and Coping Mechanisms in Relation to Alcohol Consumption

On table 4, alcohol was used as a coping mechanism for stress or negative emotions by 34.44% of respondents. About 26.30% had experienced traumatic events influencing their alcohol consumption. Alcohol

was seen as a social facilitator by 31.85% of respondents, and 15.19% perceived a relationship between their psychological well-being and alcohol consumption habits. Negative consequences due to alcohol consumption were reported by 27.78% of respondents.

Table 4. Psychological Factors and Coping Mechanisms in Relation to Alcohol Consumption

Variable	Frequency (n=270)	Percentage (%)
Do you use alcohol to cope with stress or negative emotions?		
Yes	93	34.44
No	177	65.56
Have you experienced any traumatic events that you believe have influenced your alcohol consumption habits?		
Yes	71	26.30
No	199	73.70
Do you feel that alcohol helps you to socialize and feel more confident in social situations?		
Yes	86	31.85
No	184	68.15
How do you perceive the relationship between your psychological well-being and your alcohol consumption habits?		
Yes	41	15.19
No	229	84.81
Have you ever experienced negative consequences as a result of your alcohol consumption?		
Yes	75	27.78
No	192	71.11

Table 6 presents the Chi-square test results for suggestions on preventing and intervening in young adults' alcohol consumption. All variables examined, including perceptions of alcohol use in the community, beliefs about alcoholism as a problem, current strategies against alcohol consumption, ideas

for reducing alcoholism, and effective methods to curb consumption, showed no significant relationships. Each variable had a p-value of 1.00, indicating a lack of statistically significant associations.

Table 6 Chi-square Test Results for Suggestions for Prevention and Intervention for Young Adults' Alcohol Consumption

Variable	Chi-Square Test Result	p-value
How do you perceive alcohol use in your community?	No significant relationship	1.00
Do you believe alcoholism is a problem among young adults in Moro Local Government?	No significant relationship	1.00

Are there any current strategies or norms that advocate against alcohol consumption among young adults in Moro Local Government?	No significant relationship	1.00
What do you think could be done to reduce alcoholism among young adults in Moro Local Government?	No significant relationship	1.00
What method do you consider effective to curb alcohol consumption among young adults?	No significant relationship	1.00

DISCUSSION

Peer influence stands as a cornerstone in the development of alcohol consumption patterns during the formative years of adolescence and into young adulthood (Vogel *et al.*, 2019). Numerous studies have consistently demonstrated that adolescents are highly susceptible to conforming to the drinking behaviors of their peers as they navigate the complexities of social acceptance and belonging. Relatively, this study reveals influence of alcoholism extends beyond mere peer pressure, encompassing social norms and behaviors that are often internalized and mirrored by individuals seeking validation within their social circles (Tranthamet *et al.*, 2017).

The study affirms alcohol accessibility in the social environment was deemed very accessible by 43.33% of respondents which is in accordance with ONS(2019) submission that social environment factors such as community norms, familial attitudes, and socio-economic also influences alcohol consumption behaviors. Additionally, the study explore psychological factors such as stress, anxiety, depression, and self-esteem, and their relationship to alcoholism among young adults in the study area. Age group 18-25 are found predominantly at high risk of peer influence to alcohol consumption. This is related to the WHO’s estimate which revealed 7% of the world’s population above 15 years suffers alcohol use addictions and 3.7% of the adult world population lived with alcohol dependence (WHO, 2024). The influence of social environments, such as family dynamics, cultural norms, and socio-economic factors elucidate how broader Sociodemographic characteristics contribute to alcoholism among the age group 18-25 and young adults in general.

About 16% stated their peers drink occasionally while about 35% of respondents felt pressure from their peers to drink and over 30% admitted to consuming

alcohol due to peer pressure. For those who do drink, 28.89% reported consuming 1-2 drinks per session, and 63.33% often attended social events where alcohol is served. Previous studies have also shown alcohol remains the most prevalent drug globally, with nearly half (43%) of the world's population identifying as current drinkers, defined as having consumed alcohol within the last 12 months (WHO, 2019). The relativity can be attributed to the influence of the social environment on alcohol consumption habits characterized by having strong cravings to consume alcohol due to peer influence and was acknowledged by almost 35% of respondents.

CONCLUSION

The study underscores the intricate challenges associated with alcohol consumption and perceptions of consumers on attached reasons for consumption, accessibility to alcohol, known adverse health effects and methods of coping amidst challenging peer influence to alcohol abuse. The study examined peer group dynamics, social interactions and the influence of drinking behaviors on alcohol consumption patterns among young adults in Moro Local Government Area. Findings revealed a significant portion of the study participants reported having strong cravings to consume alcohol due to peer influence and majority become addicted to drinking despite knowing the adverse health implications and awareness of the negative consequences.

RECOMMENDATIONS

Relevant stakeholders should establish community task force focused on preventing underage drinking, comprising representatives from schools, law enforcement agencies, healthcare organizations, youth-serving agencies and local communities. Through which enforcement of policies should be strengthened to curb underage drinking,

oversee regulations on alcohol sales and marketing to young adults and solidify partnerships with retailers, alcohol producers and law enforcement agencies to monitor and enforce age restrictions on alcohol sales and distribution.

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